# Allergy Safety Policy

*Encourage, Guide, Support, Celebrate*

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## 1. Purpose and Aims

In line with Benedict's Law, Aughton St Michael's CE Primary School is committed to providing a safe, inclusive, and welcoming environment for all children, young people, staff, and visitors with allergies. Recognising the serious and potentially life-threatening risk posed by anaphylaxis. This policy explains how the school will identify and reduce allergy risks, support individual pupils, maintain rapid access to emergency medication, respond to allergic reactions and learn from incidents and near misses.

The school aims to create a culture in which allergy is understood and taken seriously without unnecessarily restricting pupils or singling them out. No environment can be guaranteed to be completely free from allergens; therefore, the school will use proportionate, evidence-informed controls and individual planning.

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

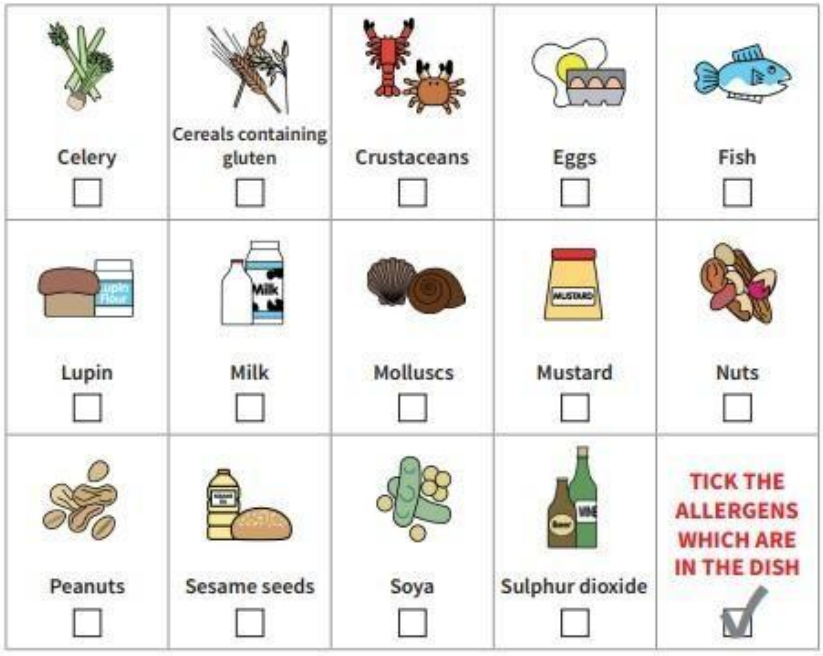
Anaphylactic reactions usually begin within minutes of being in contact with the allergen i.e. eating a trigger food, though can occur several hours later (i.e. allergy to Mammalian meat). Anaphylaxis involves difficulty in breathing and affects the heart rhythm. In extreme cases there could be a dramatic fall in blood pressure leading to collapse.

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20-30-minute window of opportunity during which steps can be taken to prevent death – therefore giving emergency adrenaline **immediately** and calling Emergency Services (999) is crucial. **Anaphylaxis always requires an emergency response.**

Anaphylaxis can occur without any other signs (such as a skin rash) being present. **Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing.** Giving adrenaline in this context is very safe and may be lifesaving.

The most common causes of "whole body" allergic reactions – including anaphylaxis – are:

- foods (e.g. peanuts, tree nuts, cow's milk/dairy foods, egg, wheat, fish/shellfish and sesame);
- insect stings (e.g. bee, wasp);
- medication (e.g. antibiotics, pain medicines such as ibuprofen);
- latex (e.g. rubber gloves, balloons, swimming caps).



Even for food allergy, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less serious allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare. Pupils who have a skin reaction need monitoring for at least an hour.

Aughton St Michael's CE Primary School has a whole school awareness approach, because it ensures all staff and pupils are aware of what allergies are, the importance of avoiding the individuals' allergens, the signs and symptoms, how to deal with allergic reactions and to ensure procedures are in place to minimise risk of exposure.

Coeliac disease and food intolerance can present symptoms which are similar to those of food allergy; it is important that Coeliac disease and food intolerance is managed through dietary avoidance, but these conditions do not pose a risk of anaphylaxis and so they are not within this allergy safety policy.

Eczema, asthma and allergies sometimes occur together – known as the atopic triad. It is important that these are managed well in order to keep the individual healthy. Asthma training is needed by all staff and an individual's asthma care plan needs to be included with their individual healthcare plan. **These conditions are not included in this Allergy Safety Policy.**

## 2. Scope and legal framework

This policy applies to all pupils and to school activities on and off site, including breakfast and after-school clubs, educational visits, residential visits and sporting activities. Relevant arrangements also apply, as appropriate, to staff, volunteers and visitors with known allergies.

The policy has regard to section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026, the Department for Education's statutory guidance on allergy safety in schools, statutory guidance on supporting pupils with medical conditions, equality duties, data protection requirements and current national guidance on emergency adrenaline auto-injectors.

## 3. Definitions

- **Allergy**: an immune system response to a substance that is normally harmless. Allergies can include food allergy, asthma, eczema, hay fever and allergies to medicines, insect stings, animals, latex or other contact or airborne substances.
- **Allergen**: a substance that can trigger an allergic reaction.
- **Anaphylaxis**: a serious and potentially life-threatening allergic reaction requiring immediate emergency treatment.
- **Adrenaline auto-injector (AAI):** a device that delivers a measured dose of adrenaline in an emergency.
- **Near miss:** an event that did not cause harm but had the potential to do so.
- **Individual Healthcare Plan (IHP):** a plan setting out the support a pupil needs at school because of a medical condition.

Food intolerance and coeliac disease are different from food allergy, but both may require careful management. The school will follow relevant medical advice and individual arrangements.

## 4. Roles and responsibilities

### 4.1 Governing Body

The Governing Body will ensure that appropriate allergy safety arrangements are in place, resources and training are sufficient, the policy is reviewed at least annually and after relevant incidents or near misses, and the policy is publicised across the school community and published on the school website.

### 4.2 Headteacher and named senior leader

The Headteacher retains overall responsibility. The named senior leader will lead implementation, maintain oversight of records and Individual Healthcare Plans, arrange training and induction, coordinate with families, healthcare professionals and caterers, ensure emergency medication is available and checked, review incidents and report to governors. Day-to-day tasks may be delegated, but accountability remains with school leadership.

### 4.3 Staff, volunteers and contractors

All staff and regular volunteers with pupil-facing duties must complete required training, follow this policy and individual plans, take reasonable steps to prevent exposure, know how to obtain help and emergency medication, and promptly report concerns, reactions and near misses. Supply, agency, peripatetic and club staff must receive appropriate information before taking responsibility for pupils. Contractors without a pupil-facing role will be given relevant site safety information where their work may create an allergen risk.

### 4.4 Parents and carers

Parents and carers are expected to give accurate, up-to-date information about allergies, symptoms, triggers, treatment and emergency contacts; provide current medical or action plans and prescribed medication in its original labelled container; check and replace medication before expiry; notify the school promptly of changes; and work with the school on reasonable risk controls. Parents should not send food or products into school that conflict with agreed school arrangements.

### 4.5 Pupils

Pupils will be supported, according to age and understanding, to avoid known allergens, follow their plan, tell an adult immediately if they feel unwell or believe exposure has occurred, not share food, drinks, utensils or medication, and show respect for others' medical needs. Pupils who are competent to carry their own medication may do so where this is documented in their plan.

## 5. Staff training and induction

All staff present when pupils are scheduled to be on site will receive allergy awareness and emergency response training at least annually. This includes permanent and temporary staff, supply teachers, agency workers, peripatetic staff, staff serving breakfast and afterschool clubs and ensure your catering staff have undertaken their own training. New staff will receive training during induction, and interim arrangements will ensure that untrained supply or cover staff are briefed and can obtain immediate support.

Training will cover the nature and impact of allergy; the difference between allergy, coeliac disease and intolerance; common triggers and symptoms; recognition of anaphylaxis and asthma attacks; the school's policy and individual plans; risk reduction; locating and administering prescribed and spare emergency medication; calling emergency services and informing parents; incident reporting; and practical use of relevant devices. Training records will include the date, content, trainer, attendees and renewal date. Additional competency-based instruction will be arranged where an individual pupil requires support beyond that covered by general allergy awareness.

## 6. Identification, records and transition

The school will request allergy information on admission and at least annually, and whenever a pupil transfers class, joins mid-year or returns with a new diagnosis. Information may be obtained from parents, the pupil, the previous setting and healthcare professionals, with appropriate authority. The school will maintain a secure, accessible record of known allergens, symptoms, medication, emergency contacts, action plans, IHPs and any reasonable adjustments. Relevant details will be available to staff who need them, including catering and visit staff, while avoiding unnecessary disclosure or public labelling.

The school will also invite staff and regular visitors to disclose allergies where this is necessary for their safety. Transition planning between settings or phases will begin early enough to share agreed information, update plans and train receiving staff.

## 7. Individual Healthcare Plans and action plans

An IHP will be developed where an allergy has a functional impact in school, places the pupil at risk of harm and requires arrangements additional to or different from those generally available. The plan will be developed with the pupil, parents, relevant staff and healthcare professionals as appropriate. It will describe the allergy and triggers, signs and symptoms, preventive measures, medication and dosage, storage and access, emergency actions, participation in activities and visits, self-management arrangements, information-sharing arrangements, staff training and review arrangements.

Where a healthcare professional has issued an Allergy Action Plan or Asthma Action Plan, it will be attached to or clearly referenced in the IHP. The IHP will be reviewed at least annually and sooner following a change in diagnosis or treatment, a reaction, a near miss, an updated action plan or a significant change in school circumstances.

## 8. Minimising exposure to allergens

The school will use proportionate controls based on known risks and individual plans. Staff planning lessons, clubs, celebrations, fundraising, cooking, science, art, music, gardening, animal contact or other activities must consider ingredients and possible food, contact or airborne allergens in advance. Suitable alternatives and reasonable adjustments will be provided where needed.

- Pupils will be encouraged to wash hands before and after eating; appropriate cleaning arrangements will reduce residue on tables, utensils and shared equipment.
- Food, drinks, utensils and containers must not be shared.
- Staff will supervise younger pupils and apply individual seating or serving arrangements only where necessary and agreed.
- Parents will be told about controls for food brought from home, birthdays, events and packed lunches. The school will not describe itself as completely “allergen-free” unless this can be reliably achieved and is clinically justified.
- Risk assessments will address airborne and contact allergens, including animals, plants, craft materials, latex and cleaning products, where a known risk exists.
- Changes to suppliers, menus, ingredients, recipes or activities will be checked so that controls remain effective.

## 9. Food and catering arrangements

The school and its catering provider will comply with food information and food safety requirements and provide clear, accurate allergen information. The catering lead will have an up-to-date list of pupils with relevant food allergies and agreed meal arrangements. Menus, ingredient labels and supplier information will be checked; substitutions will not be made without an allergen check. Cross-contact risks will be

controlled through storage, preparation, cleaning, serving procedures and staff training. Any uncertainty about a meal or ingredient will be resolved before it is served.

Aughton St Michael's CE Primary School will manage the risk of food allergy and provide clear information on allergens in food provided, by:

- Ensuring the contract with the school catering company – Lancashire Catering is compliant with the Food Standards Authority allergen management regulations.

- Providing pupils' allergen information to the caterers in a timely manner to ensure that pupils can eat safely.

- Enabling parents/carers to liaise with the school catering service – Lancashire Catering.

- Identifying pupils with allergies at point of service. At Aughton St Michael's CE Primary School, we have photographs of the children with food allergies in the dining hall for all lunchtime supervisors/staff, to refer to before a child receives food. Children with food allergies go at the front of the lunch line so that the lunchtime staff are aware of who they are. The staff will have copies of the children and their allergies in class. The medical needs of the children are regularly discussed. All staff have been specifically trained in allergy awareness.

- Teaching pupils not to food share, trade food or share utensils or food containers with the reasons why.

When lunchtime, welfare staff provide food for the pupils, they receive training to ensure they understand how to read labels for food allergens and how to prevent cross contamination during the handling, preparation and serving of food.

Where food is not directly provided by the school (for example brought in as treats) parent/carer permission will be sought in advance to ensure inclusion and safety for pupils with allergies.

These procedures apply to school-led school clubs. Where these are provided by an external provider, Aughton St Michael's CE Primary School, ensures that this policy is shared and the external provider meets the same procedures.

Ensuring that PHA (Parent Helpers Association) events, as best practice, follow FSA (Food Standards Agency) legislation for food labelling, creating allergen matrices as necessary. Ensuring that PHA members who are serving food have a basic awareness of allergen management.

## 10. Wellbeing, inclusion and bullying

The school recognises that living with allergy and the possibility of anaphylaxis can cause anxiety. Pupils will be listened to and involved in decisions appropriate to their age. Staff will promote safe participation, avoid unnecessary exclusion and make reasonable adjustments.

Teasing, bullying, deliberate exposure to an allergen, tampering with medication or pressuring a pupil to eat or touch something will be treated seriously under the Behaviour and Anti-bullying Policy and safeguarding procedures. Support will be offered after a reaction or serious near miss.

## 11. Medication and emergency equipment

### 11.1 Prescribed medication

Pupils prescribed AAIs must have rapid access to them at all times, including in classrooms, dining areas, playgrounds, sports areas, clubs and on visits. Arrangements must enable adrenaline to be brought to the pupil within five minutes. Medication will be stored safely, visibly and accessibly in the school office medicine cabinet, not in a locked place that would delay emergency access. Individually prescribed devices will be

clearly labelled and readily distinguishable from spare devices. Arrangements for competent pupils to carry medication, and for devices to travel between home and school, will be recorded in the IHP.

Any child prescribed an AAI should bring 2 devices into school and these will be held in their classroom in the marked First Aid cupboard. When the class are on a trip or in the forest the AAIs will be taken with them.

The school will record receipt and return of medication and will check availability, condition and expiry dates at the start of every half term and before visits. Parents remain responsible for replacing prescribed items before expiry. Used or expired devices containing needles will be disposed of safely through an appropriate clinical waste route.

### 11.2 Spare AAIs and emergency asthma inhalers

The Human Medicines (Amendment) Regulations 2017 permit "spare" adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy.

Aughton St Michael's CE Primary School holds spare adrenaline devices for use in emergency situations. These are not a replacement for a pupil's own adrenaline device. Pupils prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency.

Aughton St Michael's CE Primary School holds:

- 4 spare adrenaline auto injectors (AAI) 150 micrograms, for children under the age of 6 years.
- 4 spare adrenaline auto injectors (AAI) 300 micrograms, for children over the age of 6 years.

These are located in the first aid cabinet in the school office.

All spare AAI devices will be clearly labelled to avoid confusion with any device prescribed to a named pupil.

- 4 spare adrenaline auto injectors (2 of each dose) will be taken out on school visits.

These are located in the first aid cabinet in the school office.

Mrs Rimmer is responsible for checking that adrenaline devices are in date and remain clear (not cloudy) on a half termly basis. She will secure replacements one month before the current adrenaline device expires

Adrenaline devices that are used will be given to the paramedic. Adrenaline devices that are out of date or where the adrenaline has degraded will be taken to a pharmacy to be disposed of.

In the event of anaphylactic reaction:

- Adrenaline should be administered as soon as possible, within five minutes. Do not wait to contact the emergency services before administering adrenaline.
- The child, young person or individual should not be moved. Adrenaline devices should be brought to them (whether their own prescribed ADs or "spare" ADs).
- If the child, young person or individual has their own prescribed adrenaline devices, these should be used in the first instance.
- If the child, young person or individual does not have prescribed adrenaline devices, "spare" adrenaline devices can be used.

- If the child, young person or individual's prescribed adrenaline devices are not available or misfire, "spare" adrenaline devices can be used.

- If the individual has serious allergy and asthma and there is any doubt if they are presenting with anaphylaxis or having an asthma attack always administer the adrenaline first.

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used. It can be good practice for the school, college or setting to obtain advance consent from parents or the young person for "spare" adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place. However, in an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given. The school will also manage any emergency salbutamol inhaler and spacers in accordance with its medical conditions' arrangements.

Spare equipment will not replace a pupil's own prescribed medication. It will be used in accordance with current law, national guidance, the pupil's plan where one exists, and the emergency instructions supplied with the device. In an exceptional life-saving emergency involving a person not previously known to be at risk, staff will follow the direction of the emergency services and applicable national guidance.

## 12. Responding to an allergic reaction or anaphylaxis

Staff must follow the pupil's current Allergy Action Plan and their training. Anaphylaxis may involve airway, breathing or circulation problems and can occur without skin symptoms. If anaphylaxis is suspected, staff must act immediately; if in doubt, give adrenaline.

**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
- mild throat tightness
- sudden change in behaviour

These symptoms are treated with antihistamines.

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, persistent cough.
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

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

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

Whilst you are waiting for the ambulance, keep the individual 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 individuals must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can recur after treatment.**

Action:

1. Stay with the pupil and send someone to bring the pupil's AAIs and the school emergency kit.
2. **Administer an AAI without delay** in accordance with training and the device instructions.
3. Call **999**, state "**anaphylaxis**", give the school's address and access point, and arrange for someone to meet the ambulance.
4. **Keep the pupil lying flat with legs raised**. If breathing is difficult, allow them to sit with legs extended. Do not allow them to stand or walk. **If unconscious, place them in the recovery position; begin CPR if there are no signs of life.**
5. Give a second dose after five minutes if symptoms have not improved and another device is available.
6. Contact parents or carers after emergency help has been summoned. Inform the Headteacher or senior leader.
7. Send the pupil's action plan and details of medication administered with the ambulance. A pupil given adrenaline must be medically assessed and must not be left alone or allowed to return to normal activities.
8. Record the incident and preserve relevant information, packaging or food samples where this can be done safely.

## 13. Educational visits, sport and off-site activities

Pupils with allergies will be enabled to take part safely. The visit leader will review the pupil's plan and complete an individual risk assessment covering travel, food, accommodation, activity providers, remoteness, communication and access to emergency care. The pupil's own medication must accompany them and remain immediately accessible; spare school devices should be taken where appropriate. At least one accompanying member of staff must be trained and confident to respond. The leader will check medication before departure and establish arrangements for storage, meals and emergencies with the venue. If safe arrangements cannot initially be secured, the school will work with the family and provider to identify reasonable alternatives rather than automatically exclude the pupil.

## 14. Incidents and near misses

Staff in schools, colleges and early years settings should be reassured that mistakes, hesitation, or imperfect techniques do not amount to serious and wilful misconduct. The expectation is simply that staff act reasonably, to the best of their ability, in an emergency. All allergic reactions, administration of emergency medication, emergency service calls and near misses must be reported to the named senior leader as soon as possible and recorded on CPOMs. Reports may also be made after the pupil has returned home, as delayed effects or the significance of an exposure may only become apparent later. The school will notify parents and any relevant authorities or agencies in line with legal and local reporting requirements.

The Headteacher or nominated senior leader will review what happened, including the cause, timeliness of the response, access to medication, communication, training and whether procedures were followed. Immediate controls will be introduced where required.
Lessons and actions will be recorded, shared appropriately and monitored to completion. The Governing Body will receive anonymised assurance information and the policy or individual arrangements will be revised where necessary.

If an individual (whether a child, young person, member of staff or visitor) experiences a life-threatening emergency, anyone – staff, volunteers or bystanders – may take reasonable action to save their life. The law recognises that rescuers act under extreme pressure. People who attempt to save a life in good faith are protected, even if an injury occurs while giving emergency care (for example, broken ribs during CPR are common and not a sign of wrong doing). This includes administering adrenaline when an individual is suffering anaphylaxis.

## 15. Information sharing and data protection

Health information is special category personal data. The school will collect, use, store and share it lawfully, securely and only to the extent necessary to protect the pupil and provide appropriate support. Parents and pupils will be told how information is used. Relevant information may be shared with staff, caterers, visit providers, healthcare professionals and emergency services where necessary, but it will not be displayed or circulated more widely than required. Records will be retained and disposed of in accordance with the school's retention schedule and Data Protection Policy.

## 16. Raising awareness

This policy will be published on the school website, available in hard copy on request and brought to the attention of pupils, parents, staff, volunteers and relevant contractors at least annually. Staff will revisit it through annual training. Age-appropriate allergy awareness will be included in pupil education, with the involvement and agreement of affected pupils and parents. Friends may be taught how to seek adult help in an emergency, but pupil awareness will never replace trained staff response.

## 17. Complaints

Concerns should be raised promptly with the class teacher, named senior leader or Headteacher so that immediate safety issues can be addressed. Formal complaints will be considered under the school's Complaints Procedure. This does not prevent a parent from contacting emergency services or an appropriate external body where necessary.

Aughton St Michael's CE Primary School will ensure that the risk of exposure is minimised by:

- All school staff allergy training every year.
- Educating pupils through awareness assemblies and within PSHE.
- Educating PHA (Parent Helpers Association) about school expectations for allergy management at events.
- Communicating with all visitors, temporary staff and cover staff that they will be teaching a pupil with an allergy and ensuring that the member of staff has been trained in allergy and anaphylaxis emergency response.
- Working closely with parents/carers and health professionals to understand the pupil's allergy.
- Monitoring this policy to ensure that the agreed practices are implemented.
- Establishing and maintaining high hygiene standards amongst staff, pupils and visitors.

## 18. Individual Healthcare Plans (IHPs) and Allergy Action Plans

### 18.1 Allergy Action Plans

- These are clinical documents that are created by a GP / allergy nurse or allergy clinic. They detail the pupil's allergy and medication.
- These contain parent/carer contact details and must be signed by the parent/carer as this is the parental authority to administer mediation including the administration of spare adrenaline devices.
- These will only be updated by the medical professional following a review of the pupil's allergy management, this could be annually or 5 yearly. Parents/carers or school need to update the photo of the pupils annually so that the pupils is recognisable.

Allergy Action Plans are issued for pupils who have an IgE food allergy and often a venom allergy that could lead to anaphylaxis. They are not issued for all allergies. Pupils with non- IgE allergies don't experience anaphylaxis and so an Allergy Action Plan is not issued.

### 18.2 Individual Healthcare Plans (IHPs)

Individual healthcare plans are an essential communication tool that provide clarity about the arrangements which need to be in place to ensure that a pupil is fully included in the life of the school. It will identify exact risk-mitigation measures that need to be followed.

Individual Healthcare Plans are school owned documents that are co-created by school, parents/carers and pupils. They should include any advice received from health professionals. If there is no advice from health professionals, information and support can be requested of the school nurses if this is needed.

Where a child has an Allergy Action Plan and or an Asthma Plan, this must be included with the IHP.

It is good practice to review IHPs annually or when staff change however, they must be reviewed if an incident or near miss occurs. They need to be brought to the attention of supply or cover staff and be passed on during transition to a new school.

Aughton St Michael's CE Primary School will ensure that:

- Pupils with an Allergy Action Plan and/or an Asthma Plan have an Individual Healthcare Plan.
- Pupils without an Allergy Action Plan or Asthma Plan but have an allergy that needs active management over and above what other pupils need will have an Individual Healthcare Plan.
- Individual Healthcare Plans are created whilst pupils are waiting for a diagnosis.

## 19. Safeguarding

Aughton St Michael's CE Primary School recognises that a safeguarding referral may be needed if an incident highlighted concern that the child or young person might be at an increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition. This might occur where relevant information about a child or young person's medical condition is not provided to a school, or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

## 20. Further Reading

- Anaphylaxis UK: for teachers by teachers, the one stop shop for all school allergy needs: https://www.anaphylaxis.org.uk/education
- Allergy UK: https://www.allergyuk.org/about-allergy/types-of-allergies
- Allergy Safety in Schools July 2026: https://www.gov.uk/government/publications/allergy-safety-in-schools

**Guidance on the use of adrenaline auto-injectors in schools**

Spare Pens in School: https://www.sparepensinschools.uk

**Benedict's law:** https://benedictblythe.com/benedicts-law

https://www.anaphylaxis.org.uk/education/benedicts-law

**Food:** Allergy Guidance for Schools:https://www.gov.uk/government/publications/schoolhttps://www.gov.uk/government/publications/sch

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**Statutory Duties:**

The duties under Section 34 of the Children's Wellbeing and Schools Act 2026 place a requirement on LA-maintained schools, Academies and PRUs to have allergy safety policies, publish them and keep them under review.

The duty of care under section 3 of the Children Act 1989 for any person with the care of a child to do all that is reasonable for the purposes of safeguarding or promoting the welfare of the child;

The duties to safeguard and promote the welfare of pupils and Pupils under sections 20 and 175 of the Education Act 2002, the Education (Independent School Standards) Regulations 2014 (and associated statutory guidance Keeping Children Safe in Education) and the Non-Maintained Special Schools (England) Regulations 2015;

The duty of the employer under section 2 of the Health and Safety at Work etc Act 1974 to take reasonable steps to ensure that employees are not exposed to risks to their health and safety;

The duties under the Equality Act 2010 to provide equality of opportunity for all, including those who are disabled.

The Special Educational Needs and Disability (SEND) SEND code of practice: 0 to 25 years.

The Early Years Foundation Stage (EYFS) statutory framework.

## 22. What to do if any symptoms of anaphylaxis are present

Anaphylaxis is a medical emergency.
It can be very serious if not treated quickly.

1. **In the presence of any of the severe symptoms**, it is vital that an AAI is administered without delay, regardless of what other symptoms or signs may be present. **IF IN DOUBT, GIVE ADRENALINE.**
2. **ALWAYS DIAL 999 AND REQUEST AN AMBULANCE IF AN AAI IS USED**. If someone appears to be having a severe allergic reaction, it is vital to call the emergency services without delay – even if they have already self-administered their own AAI and this has made them better.
3. **Call or send for a trained member of staff**. The designated member of staff should check the allergy register, collect the emergency AAI and provide assistance in administering the AAI if required.
4. The pupil's **parents should be contacted** at the earliest opportunity.
5. **Always give an AAI if there are ANY signs of anaphylaxis present**. The pupil's own AAI should be administered if available. If not, the school's emergency AAI should be used.
6. The **AAI can be administered through clothes** and should be injected into the upper outer thigh in line with the instructions issued for each brand of injector.
7. **After giving adrenaline do NOT move the pupil**. Standing someone up with anaphylaxis can trigger cardiac arrest.
8. **Provide reassurance.** The pupil should lie down with their legs raised.
9. **If breathing is difficult, allow the pupil to sit**.
10. If **the pupil's condition does not improve 5 minutes after the initial injection, a second dose should be administered**. If this is done, make a second call to the emergency services to confirm that an ambulance has been dispatched.
11. **A person receiving an AAI should always be taken to hospital** for monitoring afterwards.

The Appointed First Aid Lead should record the use of any AAI device. This should include:

- Where and when the REACTION took place (e.g. PE lesson, playground, classroom).
- How much medication was given, and by whom.
- Any person who has been given an AAI must be transferred to hospital for further monitoring.

**If someone has symptoms of anaphylaxis**

1. **Use an adrenaline auto-injector pen if the person has one, WITHOUT DELAY -** make sure you know how to use it correctly first.
2. **Call 999/112 for an ambulance immediately (even if they start to feel better) -** mention that you think the person has anaphylaxis.
3. **Lie the person down and raise their legs** - unless they're having breathing difficulties and need to sit up to help them breathe. If they are pregnant, lie them down on their left side.
4. **Stay with the person** until medical help arrives
5. **Give another injection after 5 minutes -** if the symptoms do not improve and a second autoinjector is available.

# anaphylaxis UK

# Be Allergy Aware & Save a Life

Anaphylaxis is a serious and life-threatening reaction to allergens such as food, insect stings, medication and latex.

**In the event of a serious allergic reaction, time is critical.**

## What to do in an emergency

### Get in position



Lay the person flat and raise their legs - do NOT allow them to stand or walk.

- If unconscious, place them in the recovery position
- If breathing is difficult, they can be propped up with legs stretched out straight

### Give adrenaline immediately



Administer adrenaline without delay (use prescribed AAI or intranasal EURneffy) Refer to device label for instructions.

- Note the time that the first dose of adrenaline is given
- ALWAYS carry two in-date adrenaline devices, as a second dose may be needed

### Call 999

Call emergency services immediately and tell the operator it is "anaphylaxis"

**(ana-fil-ax-is)**

Give your exact location (What3Words can help if you are outside).
Stay with the person until emergency services arrive.

### Do not move

Stay lying flat or propped up until help arrives. Do not stand up, walk or run, even if you start to feel better. Movement can make symptoms worse and cause a sudden drop in blood pressure.

### Give second dose of adrenaline

5 min

If symptoms don't improve after five minutes, or symptoms get worse, a second dose of adrenaline can be given.

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## Appendix A: School-specific information to complete

| Item | School arrangement |
|---|---|
| Named senior leader | Chris Clare |
| Deputy or cover arrangement | Rebecca Zaim |
| Prescribed medication location(s) | Medical bag in the medical cupboard in child's classroom |
| Spare AAI location(s) and doses | School Office Medicine Cabinet |
| Emergency inhaler location | School Office Medicine Cabinet |
| Person responsible for school spare medication, plans and storage of medication, | Jane Rimmer |
| Frequency and record of checks | Half Termly |
| Emergency access point and school address | Front of School<br>Delph Park Avenue,<br>Aughton,<br>Lancashire, L39 5DG |
| Catering provider and allergy lead | Lancashire County Council |
| Incident reporting system | CPOMs |
| Training provider and renewal cycle | High Speed Training - yearly |
| Out-of-hours clubs and lettings arrangements | Management of extremal letting and clubs informed of policy. |

## Appendix B: Pre-implementation checklist

- Appoint and record the named senior leader and deputy arrangements.
- Complete a site walk-through and confirm that adrenaline can reach every relevant area within five minutes.
- Purchase appropriate spare AAI doses in pairs and establish checks and replacement arrangements.
- Review the allergy register, action plans and IHPs.
- Confirm catering, packed lunch, event and food substitution controls.
- Train all pupil-facing staff and establish induction and supply-staff briefings.
- Test the emergency call, access and ambulance-meeting arrangements.
- Review breakfast clubs, after-school clubs, lettings and educational visits.
- Agree incident and near-miss reporting and governing body assurance.
- Consult pupils, parents, staff and caterers, approve the policy and publish it on the website.

## REVIEW

| | |
|---|---|
| Policy Leader / HT | Chris Clare |
| Deputy Headteacher | Rebecca Zaim |
| Chair of Governors | Jonathan Breeze<br>Andrew Housley |
| Last Updated | October 2026 |
| Approved by the Governing Body | October 2026 |
| Date to Review | September 2027 |