Charles Darwin Community Primary School

Allergen and Anaphylaxis Policy

Date: September 2026

Review: September 2027

Policy Aim

To minimise the risk of any pupil suffering a severe allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage severe allergic reactions should they arise.

The Headteacher, Deputy Headteacher and School Business Manager are the named staff members responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy.

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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.

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

This policy sets out how Charles Darwin Community 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

Roles and Responsibilities

Parents

- 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.
- Parents will complete an Individual Healthcare Plan (IHP) annually.

Staff

- 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 to ensure that the child's bag (orange drawstring or orange bum bag) is kept visible next to the classroom board, transferred to the lunch hall and playground and handed to a member of staff on duty.
- Staff leading school trips will ensure they carry all relevant emergency supplies and medication for pupils. Pupils without their required medication will not be able to attend the excursion.
- School Office staff and SENDCO 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 in in date however the School staff will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- School Office staff and SENDCo 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 Action Plans

Allergy action plans are designed to function alongside 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 autoinjector.

Charles Darwin Community 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.

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.

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). The child's adrenaline injectors are inside their orange bag along with a card of instructions for emergency situations

• 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.

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 is be an anaphylaxis kit which is kept safely, in the child's classroom (by the board) accessible to all staff. The class teacher will pass this over during transitions (eg into the hall at lunch time and the playground).

The pupil's medication bag 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)
- emergency card and pen

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the School Office staff and SENDCo 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.

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 the school's sharps bin. Sharps will be disposed of at the local medical centre.

Spare' adrenaline auto injectors in school

Charles Darwin Community 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 bright orange box outside the school office, in the foyer. clearly labelled 'Emergency Anaphylaxis. Adrenaline Pen', kept safely, not locked away and accessible and known to all staff.

The SBM 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.

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.

Staff Training

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 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

• 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)

Inclusion and safeguarding

Charles Darwin Community 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.

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 with all ingredients listed and allergens highlighted on the school website.

The School office staff and SENDCo and parents will inform the Catering Manage of pupils with food allergies.

- Children's details are entered into Cypad. This alerts kitchen staff if the pupils have a food allergy or intolerance and this limits their available meal choices.
- The kitchen supervisor alerts serving staff as each child comes to collect their food.
- Different coloured trays are used to serve meals prior to main service.
- Different chopping boards, pans and cooking utensils are used to cook allergen free meals.
- Kitchen staff retain a paper copy of the form along with a picture of the child.

- A list of pupils' names with allergies and intolerances is kept in the school kitchen.
- Kitchen staff display information posters about allergens.
- Children are spoken to about their allergens and food choices by the kitchen staff.

Parents/carers are encouraged to talk to the School staff 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 kitchen/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).
- 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.

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 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).

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.

Allergy awareness

Charles Darwin 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.

Risk Assessment

Charles Darwin Community 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.

See Appendices 1 Anaphylaxis Risk Assessment

Incident Reporting and Near Misses

All allergic reactions, anaphylaxis incidents and near misses will be

- Recorded
- Investigated
- Reviewed by the allergy leads
- Used to improve procedures and risk management

A review meeting will be held after any serious incident

Data Protection

The school will process medical information in accordance with:

- UK GDPR
- Data Protection Act 2018
- School Data Protection Policy

Useful Links

Anaphylaxis Campaign- https://www.anaphylaxis.org.uk

Allergywise training for schools https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-schools/

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

Whole school allergy and awareness management (Allergy UK) https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement

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

Guidance on the use of adrenaline auto-injectors in schools (Department of Health, 2017 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Appendix 1 Anaphylaxis Risk Assessment

Charles Darwin Community Primary School - Anaphylaxis Risk Assessment

This form should be completed by the setting in liaison with the parents/carers and the child, if appropriate. It should be shared with everyone who has contact with the child/young person.

Child/Young Person Name:	Date of Birth:
School: Charles Darwin Community Primary School Phase: Primary	Class and Teacher:
Name and role of other professionals involved in this Risk Assessment (i.e. Specialist Nurse or School Nurse):	
Date of Assessment:	Reassessment due (this would usually be annually, unless there is an incident, at which point the risk assessment should be reviewed):
I give permission for this to be shared with anyone who needs this information to keep the child/young person safe: **Signatures:** Head teacher: Date Parents/Carers Date Child/Young Person Date	
What is this child/young person allergic to? Allergen exposure risks to be considered Ingestion ☐ Direct contact ☐ Indirect contact ☐	
Does this child already have an Allergy Action Plan or an Individual Healthcare Plan? YES ☐ NO ☐	

Is the child prescribed adrenaline auto-injectors (AAIs)? YES ☐ NO ☐ Summary of current medical evidence seen as part of the risk assessment (copies attached)
Key Questions - Please consider the activities below and insert any considerations than need to be put in place to enable the child to take part.
Activities
Crayons/painting:
Creative activities: i.e. craft paste/glue, pasta
Science type activity: i.e. bird feeders, planting seeds, food
Musical instrument sharing (cross contamination issue):
Cooking (food prep area and ingredients):
Meal time: kitchen prepared food (is allergy information available): packed lunches:
Snacks (is allergy information available):
Drinks:
Celebrations: e.g. Birthday, Easter:
Hand washing (secondary school how accessible is this for the child):
Indoor play/PE (AAIs to be with the child):
Outdoor play/PE (AAIs to be with the child):
School field (AAIs to be with the child):
Offsite trips (are staff who accompany trip trained to use AAI?):
Allergy Management
Does the child know when they are having an allergic reaction?
What signs are there that the child is having an allergic reaction?

What action needs to be taken if the child has an allergic reaction?
If the medication is stored in one secure place are there any occasions when this will not be within 5 minutes reach if required? Yes ☐ No ☐ If Yes state when and how this can be adjusted:
If the child is trained and confident can the medication be carried by them throughout the day? Yes ☐ No ☐ If No state reason:
Does the child have two of their own prescribed AAIs?
Are there backup spare AAIs available and where are they located?
Outcome of Risk Assessment **New Allergy Action Plan/Individual Healthcare Plan required? YES ☐ NO ☐** **Existing Allergy Action Plan/Individual Healthcare Plan to be updated? YES ☐ NO ☐**