



Policy:	Allergy and Anaphylaxis
This policy was reviewed:	September 2026
By name:	Kelly Waring
Position:	Headteacher
Signature:	K Waring



Core values: compassion, courage, resilience and responsibility.

Mission Statement

'Nurturing children to blossom into compassionate and resilient members of our community'.

Values and aims:

- To create a stimulating learning environment both indoors and outdoors where children feel safe, are eager to learn and have fun.
- To offer a broad and balanced curriculum which is enhanced through our unique characteristics.
- As a village school, maintain excellent communication and develop links with the community.
- To celebrate and share success however small.
- To foster an understanding of the wider world, encouraging imagination and a sense of wonder.
- To create the foundations for a lifelong love of learning.

ALLERGY AND ANAPHYLAXIS POLICY

1. AIMS AND OBJECTIVES

This policy outlines Hazelbury Bryan Primary School's approach to allergy management, including how the whole-school community works to reduce the risk of an allergic reaction happening and the procedures in place to respond if one does. It also sets out how we support our pupils with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an Allergy Aware School.

This policy applies to all staff, pupils, parents and visitors to the school and should be read alongside these other policies:

First Aid, Intimate Care, Administering Medication

2. WHAT IS AN ALLERGY?

Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

People can be allergic to anything, but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

3. DEFINITIONS

ANAPHYLAXIS: Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

ALLERGEN: A normally harmless substance that, for some, triggers an allergic reaction. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as

hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat.

There are 14 allergens required by law to be highlighted on pre-packed food. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

ADRENALINE AUTO-INJECTOR: Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAI's, adrenaline pens or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen and Jext Pen. For the purposes of this Policy we will refer to them as Adrenaline Pens.

ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan.

INDIVIDUAL HEALTHCARE PLAN: A detailed document outlining an individual pupil's condition, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, pupils. All pupils with an allergy should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan.

RISK ASSESSMENT: A detailed document outlining an activity, the risks it poses and any actions taken to mitigate those risks. Allergy should be included on all risk assessments for events on and off the school site.

SPARE PENS: Schools are able to purchase spare adrenaline pens. These should be held as a back-up, in case pupils' prescribed adrenaline pens are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

4. ROLES AND RESPONSIBILITIES

Hazelbury Bryan takes a whole-school approach to allergy management.

4.1 Designated Allergy Lead

The Designated Allergy Lead is Lydia Bailey. They report to the headteacher or lead governor for safeguarding. They are responsible for:

- Ensuring the safety, inclusion and wellbeing of pupils and staff with an allergy.
 - Taking decisions on allergy management across the school
 - Championing and practising allergy awareness across the school
- Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management
 - Ensuring allergy information is recorded, up-to-date and communicated to all staff
- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment)
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy and Anaphylaxis Policy, and other related procedures
- Reviewing the stock of the school's spare adrenaline pens and ensuring staff know where they are and that they are in date.
 - Keep a record of any allergic reactions or near-misses and ensure an investigation is held as to the cause and put in place any learnings
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy
 - Ensuring there is an Anaphylaxis Drill once a year
 - Collecting and coordinating the paperwork.
 - Ensuring the information from families is up-to-date, and reviewed annually (at a minimum)
- Coordinating medication with families and ensuring medication is in date.

- Keeping an adrenaline pen register to include Adrenaline Pens prescribed to pupils and Spare Pens, including brand, dose and expiry date. The location of Spare Pens should also be documented.
- At regular intervals the Designated Allergy Lead will check procedures and report to the SLT

4.2 Office Staff

The office staff are likely to be the first to learn of a pupil or visitor's allergy. They should work with the Designated Allergy Lead and school nursing team to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity.
- There is a clear structure in place to communicate this information to the relevant parties.
- Visitors are aware of the catering set up and if food is to be offered and plans for medication if the child is to be left without parental supervision

4.3 All staff

All school staff, to include teaching staff, support staff, occasional staff are responsible for:

- Championing and practising allergy awareness across the school
- Understanding and putting into practice the Allergy and Anaphylaxis Policy and related procedures, and asking for support if needed
- Being aware of pupils (and staff, when necessary) with allergies and what they are allergic to
 - Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate
 - Ensuring pupils always have access to their medication or carrying it on their behalf.

- Being able to recognise and respond to an allergic reaction, including anaphylaxis
- Taking part in training and anaphylaxis drills as required and to tell a manager if you have not received any in the last 12 months
- Considering the safety, inclusion and wellbeing of pupils with allergies at all times
- Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy

4.4 All parents

All parents and carers (whether their child has an allergy or not) are responsible for:

- Being aware of and understanding the school's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of pupils with allergies
- Providing the office administrator with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, hay fever, rhinitis or eczema
- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice
 - Encouraging their child to be allergy aware

4.5 Parents of children with allergies

In addition to point 4.4, the parents and carers of children with allergies should:

- Work with the school to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan
 - If applicable, provide the school or their child with two labelled adrenaline pens and any other medication, for example antihistamine, inhalers or creams
- Ensure medication is in-date and replaced at the appropriate time
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too
- Provide the school with an up-to-date photograph of their child and sign the associated permission for it to be shared appropriately as part of their allergy management.
- Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring eg. not eating the food they are allergic to.

4.6 All pupils

All pupils at the school should:

- Be allergy aware
- Understand the risks allergens might pose to their peers
- Learn how they can support their peers and be alert to allergy-related bullying.

4.7 Pupils with allergies

In addition to point 4.6, pupils with allergies are responsible for:

- Avoiding their allergen as best as they can
- Understand that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction
- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy

- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies

5.0 INFORMATION AND DOCUMENTATION

5.1 Register of pupils with an allergy

The school has a register of pupils who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed adrenaline pens, as well as pupils with an allergy where no adrenaline pens have been prescribed.

5.2 Individual Healthcare Plans

Each pupil with an allergy has an Individual Healthcare Plan. The information on this plan includes:

- Known allergens and risk factors for allergic reactions
 - A history of their allergic reactions
- Detail of the medication the pupil has been prescribed including dose, this should include adrenaline pens, antihistamine etc.
- A copy of parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis
 - A photograph of each pupil
 - A copy of their Allergy Action Plan.

6.0 ASSESSING RISK

Allergens can crop up in unexpected places. Staff will consider allergies in all activity planning and include it in risk assessments.

Some examples include:

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food tech or cooking
- Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk.

- Running activities or clubs where they might hand out snacks or food “treats”. Ensure safe food is provided or consider an alternative non-food treat for all pupils.
- Planning special events, such as cultural days and celebrations

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity.

7.0 FOOD, INCLUDING MEALTIMES & SNACKS

7.1 Catering in school

The school is committed to providing a safe meal for all students, staff and visitors, including those with food allergies.

- Due diligence is carried out with regard to allergen management when appointing catering staff. Meals are checked by staff when delivered to ensure any allergies are considered.
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training
- The school has robust procedures in place to identify pupils with food allergies. During induction, each child joining our preschool and school is asked of any medical conditions. A copy of all relevant information is kept on their personal files. Children with allergies are identified on posters around the school and staff fully aware of allergies or medical needs of each pupil each year.
- Food provided at Breakfast club will take into consideration the needs of the children attending and any allergens which they may have.

7.2 Food brought into school

Currently there are no children attending the primary school who have severe food allergies and therefore there is no need to have any restrictions upon the food brought to school.

7.3 Food hygiene for pupils

- Pupils will wash their hands before and after eating
 - Sharing, swapping or throwing food is not allowed
- Water bottles and packed lunches should be clearly labelled

8.0 SCHOOL TRIPS AND SPORTS FIXTURES

- Staff leading the trip will have a register of pupils with allergies with medication details. They should also be aware of any members of staff with allergies who are accompanying the trip.
- Allergies will be considered on the risk assessment and catering provision put in place
- Parents may be consulted if considered necessary, or if the trip requires an overnight stay
- Staff, accompanying the trip will be trained to recognise and respond to an allergic reaction
- Allergens will be clearly labelled on catered packed lunches.

9.0 INSECT STINGS

Those with a known insect venom allergy should:

- Avoid walking around in bare feet or sandals when outside and when possible keep arms and legs covered.
 - Avoid wearing strong perfumes or cosmetics
 - Keep food and drink covered

The school caretaker will monitor the grounds for wasp or bee nests. Pupils should notify a member of staff if they find a wasp or bee nest in the school grounds and avoid them.

10. ANIMALS

- A pupil with a known animal allergy should avoid the animal they are allergic to
- If an animal comes on site a risk assessment will be done prior to the visit

- Areas visited by animals will be cleaned thoroughly
- Anyone in contact with an animal will wash their hands after contact
- If an animal lives on site, , parents and staff will be made aware and consideration and adaptations will be made if needed.
- School trips that include visits to animals will be carefully risk assessed

11. ALLERGIC RHINITIS/ HAY FEVER

Those with hay fever will be allowed access to their medication as required. (Administering Medication Policy) They will be supported to take part in activities to be included but with adaptations and consideration for their medical needs.

12. INCLUSION AND MENTAL HEALTH

- No child with allergies will be excluded from taking part in a school activity, whether on the school premises or a school trip.
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives
- Bullying related to allergy will be treated in line with the school's anti-bullying policy

13. ADRENALINE PENS

[See the government guidance on Adrenaline Pens in Schools.](#)

13.1 Storage of adrenaline pens

- Pupils prescribed with adrenaline pens will have easy access to two, in-date pens at all times.
- In Years R-6 these will be held by the class teacher in an accessible place which will be known by the children and all staff and visitors. Parents should provide these pens and ensure they are in date.

- If parents require the pens to travel to and from school with the child, they must be collected every evening and returned every morning by the parent to the class teacher/TA.
 - Adrenaline pens will not be kept locked away

13.2 Spare pens

This school has 1 spare adrenaline pen to be used in accordance with government guidance.

The adrenaline pen is clearly signposted and stored on the shelf above the desk in the office.

13.3 Adrenaline pens on school trips and match days

- No child with a prescribed adrenaline pen will be able to go on a school trip without two of their own pens. It is the trip leader's responsibility to check they have them.
- Adrenaline pens will be kept close to the pupils at all times eg. not stored in the hold of the coach when travelling or left in changing rooms
- Adrenaline pens will be protected from extreme temperatures
 - Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction
- Consider whether to take Spare pens to sporting fixtures and on trips

14.0 RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See appendix on recognising and responding to an allergic reaction

- If a pupil has an allergic reaction they will be treated in accordance with their Allergy Action Plan and a member of staff will instigate the school's Emergency Response Plan.
- If anaphylaxis is suspected adrenaline will be administered without delay, lying the pupil down with their legs raised as described in the Appendix. They will be treated where they are and medication brought to them.

- A pupil's own prescribed medication will be used to treat allergic reactions if immediately available.
- This will be administered by a member of staff. Ideally the member of staff will be trained, but in an emergency **anyone** will administer adrenaline.
- If the pupil's own adrenaline pen is not available or misfires, then a spare adrenaline pen will be used.
 - If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline pen or Allergy Action Plan, a member of staff will ensure they are lying down with their legs raised, call 999 and explain anaphylaxis is suspected. They will inform the operator that spare adrenaline pens are available and follow instructions from the operator. The MHRA says that in exceptional circumstances, a spare adrenaline pen can be administered to **anyone** for the purposes of saving their life.
- If, after 5 minutes, there is no improvement, use a second adrenaline pen and call the emergency services to tell them you have done so.
 - The pupil will not be moved until a medical professional/paramedic has arrived, even if they are feeling better.
 - Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff will accompany the pupil in an ambulance and stay until a parent or guardian arrives.

15.0 TRAINING

15.1 The school is committed to training all staff annually to give them a good understanding of allergy. This includes:

- Understanding what an allergy is
- How to reduce the risk of an allergic reaction occurring
- How to recognise and treat an allergic reaction, including anaphylaxis
- How the school manages allergy, for example Emergency Response Plan, documentation, communication etc

- Where adrenaline pens are kept (both prescribed pens and spare pens) and how to access them
- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying
 - Understanding food labelling
 - Taking part in an anaphylaxis drill

15.2 The school will carry out an anaphylaxis drill once a year. This includes:

- An exercise simulating an event where a pupil or member of staff has an allergic reaction and testing the whole school response.

16. ASTHMA

It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions.

17.REPORTING ALLERGIC REACTIONS

The school will log allergic reaction incidents and near-misses.

Within Google Drive/Teaching staff/relevant year group folder/Medical Needs/Allergies/Record of incidents. Please see Appendix 3.

Appendix 1.

Allergy Action Plan for those with an epipen/severe allergy.



ALLERGY ACTION PLAN

This child has the following allergies

Name

Photo

DOB

Mild/Moderate Reactions Action to Take

- Swollen lips, face or eyes for help if needed.
- Itchy/tingling mouth autoinjector.
- Hives or itchy skin rash

Stay with the child, call

Locate adrenaline

Give antihistamine

- Abdominal pain or vomiting contact
- Sudden change in behaviour

Phone emergency

Watch for signs of ANAPHYLAXIS.

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

AIRWAY CONSCIOUSNESS

BREATHING

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue
- Pale or floppy.
- Difficult or noisy breathing
- Wheezing
- Persistent dizziness

- Suddenly sleepy
- Collapse/unconscious

Use Adrenaline autoinjector without delay.

Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, do **NOT** stand child up.
2. Commence CPR if there are no signs of life.
3. Phone parent/emergency contact.
4. If no improvement **after 5 minutes**, give a further adrenaline dose using a second auto injectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI's in schools.

Signed:
Print Name

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and authorisation to travel with emergency medications has been prepared by:**

Sign & print name

Hospital/Clinic/GP Practice

Date:

Emergency Contact details

Name

Contact Number(s)

Relationship to child

Name

Contact Number(s)

Relationship to child

Appendix 2.

Hazelbury Bryan CP School
Droop
Hazelbury Bryan
Sturminster Newton
Dorset
DT10 2ED



Telephone: 01258 817492

Headteacher: Mrs K. Waring BA (HONS) QTS NPQH

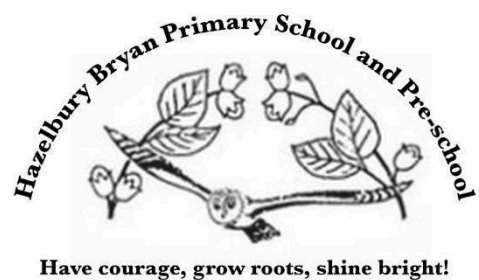
Dear Parents/Guardians,

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

As a school we are constantly striving to improve and identify areas where we can do this. Recently, we have attended some new training and as a consequence we will be introducing a different system for managing ongoing medical conditions.

A central requirement of this will be that an individual healthcare plan is prepared, setting out what support your child needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgments about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

To start this process, I would be grateful if you could complete the enclosed Individual Healthcare Plan and return it to me at your earliest convenience along with any supporting evidence which you think would be useful in planning for your child's care.

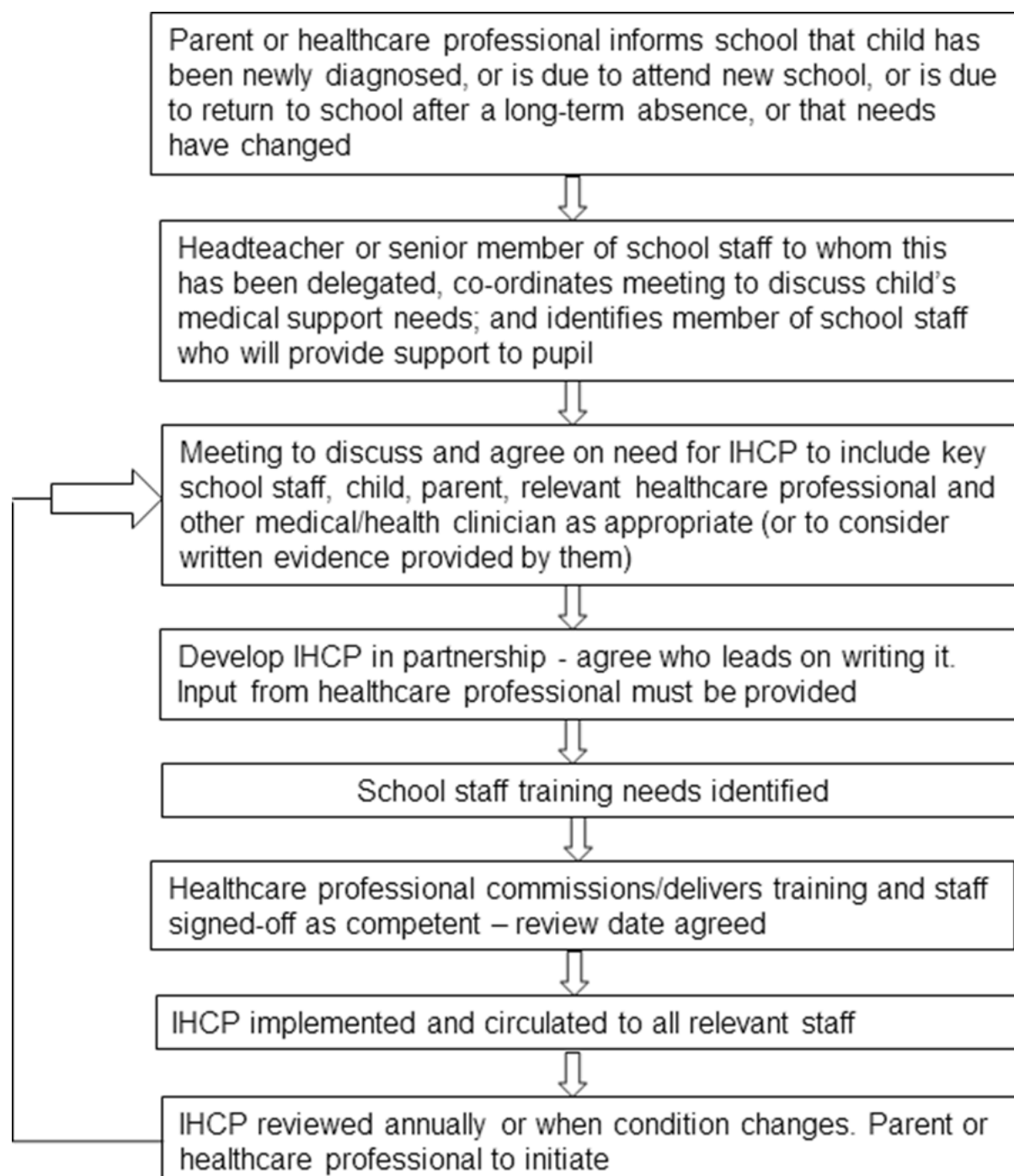


Appendix 3

Date	Child	Reaction symptom	Reaction to what	Action taken	Contact made	Investigation	Lessons learnt

Appendix 4

Flowchart for if a child needs an Individual Healthcare Plan.



Appendix 5



Individual Healthcare Plan

Name of school/setting

Hazelbury Bryan Primary School

Child's name

Class and Year

Date of birth

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Relationship to Child

Phone no. (work)

(mobile)

Name

Relationship to child

Phone no. (work)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support
in school (school to complete)

Describe medical needs and give details of child's symptoms, triggers, signs, treatments,
facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects,
contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc (school to complete)

Other information

Describe what constitutes an emergency, and the action to take if this occurs

--

Who is responsible in an emergency (*state if different for off-site activities*) (*school to complete*)

--

Staff training needed/undertaken - who, what, when (*school to complete*)

--

Please complete as much as you are able to, but do not worry if you are not able to fill it all in.

REVIEW OF POLICY

This policy will be reviewed annually by the Governing Board and updated sooner where changes in legislation, statutory guidance, safeguarding requirements, technology, or school practice requires this.