Newall Green Primary School
Aiming High To Reach Our Goals
Firbank Road, Newall Green, Wythenshawe, Manchester, M23 2YH
Tel: 0161 437 2872 Fax: 0161 436 2178 www.newallgreen.manchester.sch.uk
Cherry Tree Trust

ALLERGY AND ANAPHYLAXIS POLICY

Document Control	
Title	Allergy and Anaphylaxis Policy
Date	May 2026
Supersedes	
Amendments	
Related Policies/Guidance	Risk Assessment Policy
Review	May 2027

Approved by:	Trust Board	**Date:**	21.07.26
Last reviewed on:	May 2026		
Next review due by:	May 2027		

1. Policy Statement

Allergies are increasingly common, and while many reactions are mild, some can be life-threatening. Newall Green Primary School is committed to ensuring that all pupils, including those with Special Educational Needs and Disabilities (SEND), are safe, supported, and fully included in school life.

This policy ensures that staff:

- Recognise allergic reactions early
- Respond rapidly and appropriately to anaphylaxis
- Reduce risk through a whole-school approach
- Support pupils in line with their medical and SEND needs
- Complete the necessary Risk assessments to prevent allergic responses following the Risk assessment Policy.

This policy complies with:

- **Children and Families Act 2014 (Section 100)** – duty to support pupils with medical conditions
- **DfE: Supporting Pupils with Medical Conditions (Statutory Guidance)**
- **DfE: Using Emergency Adrenaline Auto-Injectors in Schools**
- **Food Information Regulations 2014 & Natasha's Law (PPDS)**
- **Equality Act 2010**
- **Ofsted Education Inspection Framework (Safeguarding & Inclusion)**

2. Aims

This policy aims to:

- Provide a safe and inclusive environment for pupils with allergies
- Ensure all staff are trained and confident in managing allergic reactions
- Prevent exposure to allergens wherever possible
- Ensure effective emergency response procedures
- Embed allergy awareness into safeguarding practice

3. Understanding Allergies

An allergy occurs when the immune system mistakenly identifies a harmless substance (allergen) as a threat. The body produces Immunoglobulin E (IgE), triggering the release of histamine and other chemicals, causing symptoms such as:

- Swelling
- Rashes or itching
- Gastrointestinal symptoms
- Breathing difficulties

Key principle: Even very small amounts of an allergen can trigger a severe reaction.

4. Common Allergens

4.1 Food Allergens (UK "14 Major Allergens")

The following must legally be declared:

- Cereals containing gluten
- Crustaceans and molluscs
- Fish, eggs, milk
- Peanuts and tree nuts
- Soya, lupin, sesame
- Celery, mustard
- Sulphites

Important: Pupils may be allergic to non-listed foods (e.g. kiwi, lentils). No assumptions should be made about safety.

4.2 Non-Food Allergens

Relevant in school settings:

- Animal dander (school pets, therapy animals)
- Insect stings (bees, wasps)
- Latex (gloves, balloons)
- Medicines (e.g. antibiotics, ibuprofen)

4.3 Additional Risks

Less common but relevant:

- Cleaning products (e.g. chlorhexidine)
- Environmental allergens (e.g. mould)
- Exercise-induced or idiopathic anaphylaxis

5. Recognising Anaphylaxis

Anaphylaxis is a life-threatening allergic reaction requiring immediate treatment.

5.1 The ABC Framework

Staff must assess:

- **Airway:** swelling, difficulty swallowing, hoarse voice
- **Breathing:** wheeze, breathlessness
- **Circulation:** dizziness, collapse, pale or clammy skin

If ANY ABC symptom is present → treat as anaphylaxis immediately.

5.2 Mild vs Severe Reactions

Mild/Moderate:

- Itching, rash
- Mild swelling (lips/eyes)
- Stomach upset

Severe (Anaphylaxis):

- ABC symptoms
- Rapid deterioration
- Multiple body systems affected

Golden rule: If in doubt, treat as anaphylaxis.

5.3 SEND Considerations

Pupils may:

- Struggle to communicate symptoms
- Display behavioural changes (distress, withdrawal)
- Require staff interpretation of non-verbal cues

6. Risk Factors for Severe Reactions

Higher risk situations include:

- Food allergies (especially cross-contamination)
- Insect stings
- Poorly controlled asthma (major risk factor)
- Exercise after eating
- Illness or infection
- Emotional stress
- Certain medications

Combination risks significantly increase severity.

7. Emergency Response Procedure

7.1 Immediate Actions

1. Administer adrenaline immediately (outer thigh)
2. Call 999 – state “ANAPHYLAXIS”
3. Lie pupil flat (or sit if breathing difficult)
4. Stay with pupil and monitor
5. Give second dose after 5 minutes if needed
6. Transfer to hospital (mandatory)

7.2 Emergency Roles

Where possible:

- Staff 1: administers AAI
- Staff 2: calls 999
- Staff 3: meets ambulance

7.3 Key Principles

- Do not delay treatment
- Adrenaline is safe
- Delay increases risk of fatality

8. Medication Management

8.1 Pupil Medication Kits

Must include:

- Two adrenaline auto-injectors (AAIs)
- Allergy Action Plan (AAP)
- Antihistamines (if prescribed)
- Inhaler and spacer (if required)

8.2 Storage

- Accessible within minutes (NOT locked away)
- Clearly labelled
- Known to all staff

8.3 Spare AAIs

The school will:

- Hold spare AAIs (as permitted by law)
- Use consistent brands where possible
- Check expiry dates termly

9. Care Planning

All pupils at risk must have:

9.1 Allergy Action Plan (AAP)

- Clinically completed
- Emergency instructions

9.2 Individual Healthcare Plan (IHP)

- Daily management
- Roles and responsibilities
- SEND adaptations
- Reviewed annually or sooner

10. Prevention and Whole-School Approach

10.1 General Measures

- No food sharing
- Handwashing routines
- Cleaning of surfaces
- Clear allergen labelling

10.2 Curriculum and Activities

- Risk assess cookery, science, DT
- Adapt materials where necessary
- Avoid latex

10.3 Dining and Catering

- Compliance with Food Information Regulations
- Strict cross-contamination controls
- Staff allergen training
- Communication with families

10.4 Trips and Visits

- Risk assessments mandatory
- Medication always accessible
- Staff trained and briefed
- Emergency roles assigned

10.5 SEND-Specific Measures

- Increased supervision
- Structured eating routines
- Visual supports
- Behavioural risk management

11. Training

The school will ensure:

- Annual allergy and anaphylaxis training for all staff
- Induction training for new staff and volunteers
- Catering staff receive specialist allergen training
- Regular practice using trainer AAIs

Training ensures staff can:

- Recognise reactions
- Use AAIs confidently
- Follow emergency procedures

12. Inclusion, Safeguarding and Behaviour

- Pupils with allergies will be fully included
- Reasonable adjustments will be made
- Allergy-related bullying is a **serious safeguarding issue**

All incidents must be:

- Reported to the DSL
- Recorded and investigated

13. Communication

The school will:

- Share information with all relevant staff
- Inform supply staff and visitors
- Maintain communication with parents
- Promote pupil awareness through education

14. Monitoring and Record Keeping

The school will:

- Maintain an allergy register
- Record all incidents (including near misses)
- Review incidents at SLT level
- Audit training and medication regularly

15. Governance and Ofsted Expectations

This policy supports inspection readiness by demonstrating:

- Staff training and confidence
- Clear systems and protocols
- Up-to-date IHPs and AAPs
- Effective safeguarding practice
- Inclusion of pupils with medical needs

Governors will:

- Monitor implementation
- Review incidents and trends
- Ensure compliance

16. Key Principles

- Prevention is essential
- Rapid response saves lives

- Adrenaline must never be delayed
- All staff share responsibility
- SEND needs require enhanced vigilance

17. Policy Review

This policy will be reviewed:

- Annually
- Following any serious incident
- In line with updated guidance

Appendix 1 – Anaphylaxis Risk Assessment Template

This form should be completed by the setting in liaison with parents/carers and shared with all relevant staff.

Child / Young Person Name:	**Date of Birth:**
Setting / School:	**Phase: Primary / Secondary**
Key Worker / Teacher / Tutor:	
Other professionals involved:	
Date of assessment:	**Reassessment due:**

Permission to share information:

Setting Manager/Headteacher ☐
Parents/Carers ☐
Child/Young Person ☐

Allergens

Allergen	Ingestion	Direct contact	Indirect contact
	☐	☐	☐

Activities – considerations required

Activity
Crayons / painting:
Creative activities:
Science activities:
Musical instrument sharing:
Cooking:
Meal times:
Snacks:
Drinks:
Celebrations:
Hand washing:
Indoor PE:
Outdoor PE:
School field:
Forest school:
Offsite trips:

Allergy Management

Does the child recognise an allergic reaction?
Signs of allergic reaction:
Action to be taken:
Is medication always accessible within 5 minutes? Yes ☐ No ☐
Can medication be self-carried? Yes ☐ No ☐
Does the child have two prescribed AAIs? Yes ☐ No ☐
How many staff require training?
Are spare AAIs available and where located?
Outcome of risk assessment – New or updated AAP/IHP required? Yes ☐ No ☐

Appendix 2

Mild/moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:
- Phone parent/emergency contact
- If vomited, can repeat dose

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	BREATHING	CONSCIOUSNESS
Persistent cough, hoarse voice, difficulty swallowing, swollen tongue	Difficult or noisy breathing, wheeze or persistent cough	Persistent dizziness, pale or floppy, suddenly sleepy, collapse, unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. Lie child flat with legs raised (if breathing is difficult, allow child to sit)

2. Use Adrenaline autoinjector without delay

3. 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 2nd adrenaline dose** using a second autoinjector 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.

Appendix 3

Protocol: Administration of Adrenaline Auto-Injectors (AAIs)

Step 1: Recognise Symptoms (Use ABC Framework)

- Airway: swelling of tongue / throat, difficulty swallowing, hoarse / altered voice
- Breathing: sudden wheeze, shortness of breath, noisy / laboured breathing
- Circulation: dizziness, pallor, clammy skin, collapse, loss of consciousness
- Golden Rule: If any ABC feature is present — treat as anaphylaxis immediately

Step 2: Call for Help

- Shout for assistance so more staff can help
- Allocate clear roles (if multiple staff are present):
  - Responder 1 – Administers AAI
  - Responder 2 – Calls 999
  - Responder 3 – Meets ambulance and directs paramedics

Step 3: Administer Adrenaline Immediately

- Use the child's own AAI (or school spare if unavailable)
- Inject into the outer thigh, through clothing if necessary
- Hold device in place:
  - EpiPen® – ~3 seconds
  - Jext® – ~10 seconds
- Remove the injector, massage the site for 10 seconds
- Note time of injection
-

Step 4: Position the Child Safely

- Lay flat with legs raised (supports circulation)
- If breathing is very difficult, raise the upper body slightly — but do not let them stand or walk
- If unconscious and not breathing normally, start CPR

Step 5: Call 999 (if not already done)

State clearly:

- 'Anaphylaxis emergency'
- Child's name, age, known allergen (if known)
- Time and dose of adrenaline given
- School address with clear access instructions

Step 6: Monitor and Reassure

- Stay with the child. Keep them warm and calm
- If the child is wheezy, give their reliever inhaler after adrenaline
- Do not give food or drink

Step 7: Repeat Adrenaline if Needed

- If no improvement within 5 minutes, or if symptoms return/worsen:
  - Give a second AAI in the opposite thigh (or same thigh if necessary)
- Always ensure two AAIs are available for every pupil at risk

Step 8: Handover to Paramedics

- Give paramedics the used auto-injectors.
- Report:
  - Time(s) adrenaline was given
  - Symptoms observed
  - Other medication given (e.g., inhaler, antihistamines)

Step 9: Hospital Transfer

- Mandatory after every anaphylaxis incident (risk of biphasic reaction)
- Accompany child if parent not yet present

Appendix 4

Individual Healthcare Plan (IHP)

Health Care Plan (Pen Portrait)

Stage:

Date of birth: Gender: Class: Year group:

Teacher: Start date: Review date: Plan number:

Medical Condition

Medical Information:

Regular medication/Medical Intervention:

How best to support me

Access to the curriculum

Access to the physical environment and mobility

Communication and Language / Behaviour / Any other relevant area of need

Emergency contacts

Emergency Medical Intervention

Medical professionals involved with my care

Off-site trips and visits

Personal Care Needs

Personal Emergency Evacuation

Therapy

Transport arrangements

Staff trained to support me

Signatures

Parent
_____

Signed
_____

Date
____/____/_____

SENDCo
_____

Signed
_____

Date
____/____/_____

Teacher
_____

Signed
_____

Date
____/____/_____