



**Newall Green
Primary School**

Aiming High To Reach Our Goals

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ALLERGY AND ANAPHYLAXIS POLICY

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Amendments	
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Approved by: Trust Board **Date:** 10.09.26

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Next review due by: September 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 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 necessary risk assessments.

The Headteacher will appoint a Named Senior Lead for Allergy Safety responsible for coordinating allergy arrangements, maintaining oversight of Individual Healthcare Plans (IHPs), Allergy Action Plans (AAPs), staff training, incident reviews, monitoring activities and governor reporting.

This policy should be read alongside the DfE Allergy Safety in Schools and Early Years Settings Guidance (2026), DfE guidance on emergency AAls, and relevant local authority guidance.

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
- Support pupils to develop age-appropriate awareness, confidence and independence in understanding their allergies, recognising symptoms, communicating concerns and following agreed safety arrangements.

3. Scope of Policy

This policy applies to:

- The school day
- Educational visits
- Clubs and enrichment activities
- Breakfast clubs
- After-school clubs
- Wraparound care
- Holiday provision where applicable
- Volunteers
- Agency staff

- Contractors
- Visitors

Third-party providers working on behalf of the school

4. 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.

5. Roles and Responsibilities

Governors

Governors will:

- Monitor implementation
- Review incidents and trends
- Ensure compliance
- Receive annual assurance reports on allergy management arrangements, incidents, trends, staff training compliance and implementation of this policy.

Headteacher

Ensure implementation of this policy, provision of training, effective communication systems and allocation of a Named Senior Lead for Allergy Safety.

Named Allergy Lead

Responsibilities include:

- Maintaining the allergy register.
- Monitoring healthcare plans.
- Coordinating staff training.
- Monitoring medication checks.
- Reviewing incidents and near misses.
- Reporting to governors.
- Coordinating annual policy reviews.

SENCO

Support healthcare planning, reasonable adjustments, inclusion arrangements and communication regarding pupils with SEND and allergies.

Catering Providers

Follow allergen management procedures, special diet arrangements, cross-contamination controls and escalation processes.

6. Common Allergens

6.1 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.

6.2 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)

6.3 Additional Risks

Less common but relevant:

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

7. Recognising Anaphylaxis

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

7.1 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.

7.2 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.

7.3 SEND Considerations

Pupils may:

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

8. 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.

9. Emergency Response Procedure

9.1 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)

9.2 Emergency Roles

Where possible:

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

9.3 Key Principles

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

10. Medication Management

The Named Allergy Lead will maintain a documented system for monitoring medication locations, expiry dates, spare AAI checks and replacement arrangements. Records will be audited termly.

10.1 Pupil Medication Kits

Must include:

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

10.2 Storage

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

10.3 Spare AAIs

The school will:

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

11. Care Planning

Allergy information will be collected during admission, transition and annual review processes. Parents/carers must notify the school immediately of any changes to diagnosis, medication or healthcare advice.

All pupils at risk must have:

11.1 Allergy Action Plan (AAP)

- Clinically completed
- Emergency instructions

11.2 Individual Healthcare Plan (IHP)

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

12. Prevention and Whole-School Approach

12.0 Whole-School Allergy Safety

The school will promote allergy awareness throughout the school community to support inclusion, understanding and risk reduction.

12.1 General Measures

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

12.2 Curriculum and Activities

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

12.3 Dining and Catering

- Compliance with Food Information Regulations
- Strict cross-contamination controls
- Staff allergen training
- Communication with families
- Catering providers will maintain agreed special diet systems, communicate menu substitutions to appropriate staff, and immediately escalate any allergen-related concerns, errors or near misses.

12.4 Trips and Visits

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

12.5 SEND-Specific Measures

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

- Where Early Years provision operates, arrangements will include enhanced supervision, age-appropriate allergy awareness, safer eating procedures and close communication with parents/carers.

13. 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 AAls
- Supply staff, agency staff, volunteers, lunchtime staff, catering staff and wraparound staff will receive allergy awareness information and emergency response briefings appropriate to their role before undertaking duties.

Training ensures staff can:

- Recognise reactions
- Use AAls confidently
- Follow emergency procedures

14. 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

15. Communication

The school will:

- Share information with all relevant staff
- Inform supply staff and visitors
- Maintain communication with parents
- Promote pupil awareness through education
- Relevant staff and external providers will receive allergy information on a need-to-know basis before meals, educational visits, clubs, events and activities.
- Parents/carers will be informed of significant changes to allergy arrangements, procedures or emergency processes.

16. 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
- All allergy incidents and near misses will be investigated and reviewed. Lessons learned will be documented and actions tracked to completion.
- Trend analysis will be undertaken by senior leaders to identify recurring issues and opportunities for improvement.
- The Named Allergy Lead will undertake termly audits of healthcare plans, training records, medication checks

17. 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

18. Key Principles

- Prevention is essential
- Rapid response saves lives
- Adrenaline must never be delayed
- All staff share responsibility
- SEND needs require enhanced vigilance

19. 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 AAls? Yes ☐ No ☐
How many staff require training?
Are spare AAls available and where located?
Outcome of risk assessment – New or updated AAP/IHP required? Yes ☐ No ☐

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

Persistent cough, hoarse voice, difficulty swallowing, swollen tongue

BREATHING

Difficult or noisy breathing, wheeze or persistent cough

CONSCIOUSNESS

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)				1	
Health Care Plan (Pen Portrait)					
Stage:	Gender:	Class:	Year group:		
Date of birth:					
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			
Health Care Plan (Pen Portrait)					2
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
____/____/____