



St Benedict's Catholic Primary School

Allergy Management
and Anaphylaxis Policy

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To be reviewed: June 2028

Author/s	Hannah McGuire (head)
Review Frequency	Every two years
Date approved by governors	July 2026
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Purpose	To minimise the risk of any pupil suffering a serious allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.
Links with other policies	Child protection policy Supporting pupils with medical needs

The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:

Hannah McGuire – Headteacher

(supported by Ruth Browne – HLTA, First Aider and staff governor)

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1. Introduction

An allergy is a reaction of 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 serious, life-threatening allergic reaction. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

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 are not limited to):-

Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how St Benedict's Catholic 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.

2. Aims

This policy aims to:

- minimise the risk of pupils experiencing an allergic reaction whilst at school or taking part in school activities;
- ensure pupils with allergies are safe, included and able to participate fully in all aspects of school life;
- ensure all staff are appropriately trained to recognise and respond to allergic reactions and anaphylaxis;
- promote allergy awareness and understanding across the whole school community; and
- ensure clear procedures are in place for the prevention and management of allergic reactions.

3. Roles and responsibilities

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform the headteacher of any allergies. This information should include all previous serious 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. School nurse/GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, is 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 are expected to complete the relevant paperwork requested by the school caterers.

Staff Responsibilities

- **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 (regular or class cover) must be aware of the pupils in their care 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 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.
- School Admin *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 is in date however the School First Aider will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- School First Aider keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.
- Headteacher ensures that any reaction or near miss recorded and reported internally or in accordance with RIDDOR.

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 AAIs will be encouraged to take responsibility for carrying them on their person at all times.

Responsibilities of all pupils

All pupils are expected to help keep their classmates safe by:

- never sharing food, drinks or medication;
- following staff instructions regarding allergy management;
- washing their hands before and after eating;
- understanding that some foods may pose a serious risk to others; and
- informing a member of staff immediately if they believe another pupil may be having an allergic reaction.

4. Allergy Action Plans

Allergy action plans are designed to function as 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 auto-injector.

British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional and should not be created by school. These are a national plan that has been

agreed by the BSACI, Anaphylaxis UK and Allergy UK. The allergy action plans are designed to function as an individual healthcare plan.

5. Emergency Treatment and Management of Anaphylaxis

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.

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

The term for this more severe 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.

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.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

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

- Keep the child where they are, call for help and do not leave them unattended.
- **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAI should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- **CALL 999** and state **ANAPHYLAXIS (ana-fil-axis)**.
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

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

AAI without delay – 999 – second AAI after 5 minutes if no improvement – CPR if necessary

Mild Allergic Reactions

Not all allergic reactions develop into anaphylaxis. Where a pupil experiences mild symptoms, staff will:

- follow the pupil's Allergy Action Plan;
- administer any prescribed medication where appropriate;
- continue to monitor the pupil closely for any deterioration;
- seek medical advice if symptoms worsen; and
- inform parents/carers of the incident as appropriate.

If there is any doubt whether a reaction is becoming severe, staff will treat it as anaphylaxis and administer adrenaline without delay in accordance with the pupil's Allergy Action Plan.

6. Supply, storage and care of medication

For all pupils, their anaphylaxis medication will be kept in a green drawstring bag in their classroom. It is not locked away and accessible to all staff. The bags should be carried by a member of staff for PE lessons and school trips or for other extended periods of time away from class. It will be stored by the fire escape so that it can easily be grabbed in an emergency.

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Two AAI's i.e. EpiPen® or Jext®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the First Aider 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 AAI's their child is prescribed, to make sure they can get replacement devices in good time.

Older children and medication

Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on **very suddenly**, so school staff need to be prepared to administer medication if the young person cannot.

Storage

AAI's should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal

AAls are single use only and must be disposed of as sharps. Used AAls can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste contractor. The sharps bin is kept in the first aid room.

7. 'Spare' adrenaline auto-injectors in school

St Benedict's Catholic Primary School has purchased spare AAls for emergency use in children who are at risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date) or are experiencing anaphylaxis for the first time.

Pens are stored in green bags, hanging near fire escape doors. Spare pens are stored in green drawstring bags in the school office and school foyer and are clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and accessible and known to all staff.

School admin officer is responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

8. Staff Training

The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:-

Hannah McGuire (headteacher)

Ruth Browne (HLTA and First Aider)

All staff will complete AllergyWise® allergy and anaphylaxis training annually, and on an ad-hoc basis during induction of new 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 AAls) 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
- Managing allergy action plans and ensuring these are up to date

St Benedict's Catholic Primary School ensures that staff undertake a practical session using trainer devices (these can be obtained from the manufacturers' websites:

www.epipen.co.uk and www.jext.co.uk

9. Inclusion and safeguarding

St Benedict's Catholic 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.

The school recognises that living with a severe allergy may affect a pupil's emotional wellbeing and

confidence. Staff will support pupils sensitively and respond promptly to any concerns regarding anxiety, exclusion or bullying relating to allergies or medical conditions. Any incidents will be dealt with in accordance with the school's Behaviour Policy and Anti-Bullying Policy.

10. 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.

Catering services at the school are provided by Aspens.

Detailed allergen information for all menu items is maintained in the kitchen through a daily allergen matrix. This approach ensures that the information provided to customers is accurate and reflects any last-minute changes to ingredients or menus. Due to the potential for supplier ingredient variations and unforeseen delivery substitutions, allergen information is not published on school websites, as this could lead to outdated or inaccurate guidance. The daily matrix allows the kitchen team to provide reliable, up-to-date allergen information at the point of service.

A copy of Aspen's Allergy Policy is available from the school office and can also be viewed here: <https://www.stbenedicts.cheshire.sch.uk/page/school-catering-and-allergy-management/126903>

Parents or guardians of children with a dietary requirement must complete a Medical Diet Form (see here: <https://www.stbenedicts.cheshire.sch.uk/page/school-catering-and-allergy-management/126903>) which is also available from the school office. Once submitted, the form is reviewed and shared with the kitchen team. The outcome will fall into one of the following categories:

- **Intolerance or non-allergy:**
Parents will be consulted, and wherever possible, the child's needs will be managed within the standard menu by selecting suitable options. If necessary, the child may be placed on the Top 14 allergen-free menu.
- **Top 14 allergen with supporting medical evidence:**
Following consultation with parents, the child will be restricted to ordering from the Top 14 allergen-free menu.
- **Allergy outside the Top 14 with supporting medical evidence:**
Parents will be consulted, and a bespoke menu will be developed by Aspen's nutritionist to meet the child's specific needs.

To ensure that catering staff can identify children with an allergy, they are always put to the front of the line, their photographs are displayed in the kitchen, there is a list of children and their allergies in the kitchen and in the staff room and PPA room and office.

Parents/carers are encouraged to meet with the Cook 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 canteen/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).
- 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.

Parents should not send food into school for other children – this includes birthday cake/ sweet treats. Children are allowed to wear own clothes on their birthday.

11. Hygiene Procedures

Good hygiene plays an important role in reducing the risk of accidental allergen exposure.

To minimise risk, the school will ensure that:

- pupils wash their hands before and after eating;
- tables and eating areas are cleaned after meals and snacks;
- pupils are reminded not to share food or drinks;
- pupils use their own named water bottles where appropriate; and
- staff encourage good hygiene practices during food-related activities.

12. 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 should 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).

Sporting Excursions

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take

alternative/their own food.

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.

13. Allergy awareness and nut bans

Although St Benedict's School recognises the approach of Anaphylaxis UK, which does not generally support banning specific allergens, the school has chosen to ban nuts in packed lunches and snacks due to the level of risk.

The school understands that it cannot guarantee a completely allergen-free environment. For this reason, we also promote a strong culture of allergy awareness and education. Parents are asked not to send nuts or nut-containing products into school.

Alongside this nut ban, a whole-school approach to allergy awareness ensures that staff and pupils understand what allergies are, the importance of avoiding allergens, how to recognise the signs and symptoms of a reaction, and how to respond appropriately. Clear procedures are also in place to help minimise risk.

14. Insect Bites and Stings

Where a pupil has a known allergy to insect bites or stings, reasonable precautions will be taken to minimise the risk of exposure.

These may include:

- encouraging pupils to wear suitable footwear outdoors;
- ensuring food and drinks are covered when appropriate during outdoor activities;
- avoiding areas where there is a known increased risk of insects where reasonably practicable; and
- ensuring emergency medication accompanies the pupil during outdoor activities and educational visits.

15. Animals

The school recognises that some pupils may have allergies to animals.

Where animals are present on the school site or visiting as part of the curriculum:

- appropriate risk assessments will be completed where necessary;
- pupils will wash their hands thoroughly after contact with animals;
- pupils with known animal allergies will be supported to avoid direct contact where appropriate; and
- reasonable adjustments will be made to enable all pupils to participate safely in learning activities.

16. Risk Assessment

St Benedict's School will conduct a detailed individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe. Individual allergy risk assessments will also be reviewed whenever a pupil's medical needs change, following any allergic reaction or near miss, or prior to any activity that may present additional risks, including educational visits and residential visits.

17. Useful Links

Anaphylaxis UK - <https://www.anaphylaxis.org.uk/>

- Safer Schools Programme - <https://www.anaphylaxis.org.uk/education/safer-schools-programme/>
- AllergyWise for Schools online training - <https://www.allergywise.org.uk/p/allergywise-for-schools1>

Allergy UK - <https://www.allergyuk.org>

- Whole school allergy and awareness management - <https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement>

BSACI Allergy Action Plans - <https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/>

Spare Pens in Schools - <http://www.sparepensinschools.uk>

Department for Education Supporting pupils at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

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

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) <https://www.nice.org.uk/guidance/qs118>

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) <https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834>