



ECCLESTON ST. MARY'S CE PRIMARY SCHOOL

Allergy and Anaphylaxis Policy

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1. Introduction

In line with Benedict's Law, we are committed to providing a safe, inclusive, and welcoming environment for all children, young people, staff, and visitors with allergies. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this dedicated policy establishes robust risk-mitigation measures and emergency response protocols.

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

Anaphylactic reactions usually begin within minutes of being in contact with the allergen i.e. eating a trigger food, though can occur several hours later (i.e. allergy to Mammalian meat). Anaphylaxis involves difficulty in breathing and affects the heart rhythm. In extreme cases there could be a dramatic fall in blood pressure leading to collapse.

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20-30 minute window of opportunity during which steps can be taken to prevent death – therefore giving emergency adrenaline **immediately** and calling Emergency Services (999) is crucial. **Anaphylaxis always requires an emergency response**

Anaphylaxis can occur without any other signs (such as a skin rash) being present. **Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing.** Giving adrenaline in this context is very safe and may be lifesaving.

The most common causes of "whole body" allergic reactions – including anaphylaxis – are:

- foods (e.g. peanuts, tree nuts, cow's milk/dairy foods, egg, wheat, fish/shellfish and sesame);
- insect stings (e.g. bee, wasp);
- medication (e.g. antibiotics, pain medicines such as ibuprofen);
- latex (e.g. rubber gloves, balloons, swimming caps).

Even for food allergy, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less serious allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare. Students who have a skin reaction need monitoring for at least an hour.

Eccleston St. Mary's CEPS has a whole school awareness approach, because it ensures all staff and students are aware of what allergies are, the importance of avoiding the individuals' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure procedures are in place to minimise risk of exposure.

Coeliac disease and food intolerance can present symptoms which are similar to those of food allergy; it is important that Coeliac disease and food intolerance is managed through dietary avoidance, but these conditions do not pose a risk of anaphylaxis and so they are not within this allergy safety policy.

Eczema, asthma and allergies sometimes occur together – known as the atopic triad. It is important that these are managed well in order to keep the individual healthy. Asthma

training is needed by all staff and an individual's asthma care plan needs to be included with their individual healthcare plan. These conditions are not included in this allergy safety policy.

Eccleston St. Mary's CEPS understands that severe allergies are included in the Equality Act, 2010. The act considers a person disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal daily activities. Seasonal rhinitis (such as hay fever) is explicitly excluded from the definition of disability, unless it aggravates the effect of another health condition.

2. 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
- mild throat tightness
- sudden change in behaviour

These symptoms are treated with antihistamines. If a child displays symptoms of a mild reaction, staff should telephone their parent or emergency contact to tell them about the reaction. **Do not** leave the child unattended. They should be observed in a safe place for at least 60 minutes after the reaction, as mild reactions can sometimes develop into anaphylaxis.

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

The term for this more serious 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.

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

Action:

- Keep the individual where they are, call for help and do not leave them unattended.
- **LIE individual 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 DEVICE WITHOUT DELAY** and note the time given. AAI should be given into the muscle in the outer thigh or nasal into the nostril. 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 adrenaline device
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

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

Always stay with someone having an allergic reaction for at least one hour.

- **If in doubt, always treat for anaphylaxis**
- If the child or young person has an Allergy Action Plan issued by a healthcare professional, it should be followed
- Treatment of anaphylaxis is with a dose of adrenaline (e.g. an AAI “pen” or nasal adrenaline device)
- If the child **has their own prescribed adrenaline device**, this should be used in the first instance
- If the child **does not have a prescribed adrenaline device**, the school’s spare adrenaline devices may be used
- If the child’s **prescribed adrenaline device is not available or misfires**, the spare adrenaline devices can be used.

In an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given, in order to avoid delays in treatment.

Food allergy and asthma

Many food-allergic children also have asthma. “Wheeze” is a common symptom of asthma and also happens during food-induced anaphylaxis. The Allergy Action Plan may include instructions to give a reliever medicine (e.g. using a salbutamol inhaler) after giving a dose of adrenaline if the person is still wheezing. Eccleston St. Mary’s keep an emergency asthma reliever inhaler containing a salbutamol inhaler device and spacer in the school office in the spare medication box. **Never give the reliever inhaler instead of adrenaline to treat anaphylaxis.**

3. Minimising Risk and Exposure to Allergens

Minimising risk and the exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of allergen can cause a reaction. Any food can cause a reaction with serious consequences for the individual.

While Eccleston St. Mary’s require staff and pupils not to bring any product containing nuts into school, we recognize that nuts are only one of many allergens that could affect pupils, and

that no school can guarantee a truly allergen free environment for a child living with food allergy. We recognize the importance therefore, of creating a culture of allergy awareness and education to ensure teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, recognizing the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk. Eccleston St. Mary's aims to be 'allergy aware' and remain actively aware of the risk posed by allergens, take steps to minimise the risk of exposure and to have robust emergency response plans in place.

- Eccleston St. Mary's completes a school wide allergy risk assessment that seeks to minimise the risks of exposure to known allergens. The risk assessment will include: Identifying the food used within the curriculum and making adaptations to remove allergens that pose a risk for the whole group not just the student who has the allergy.
- Conducting specific risk assessments to manage the risks of exposure to allergens in individuals when planning external visits or trips
- Identify measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, students, staff).
- Identify measures to manage the risks of exposure to a food allergen through food provided by the school, college or setting
- Putting in reasonable measures to manage the risk of individuals being exposed to allergens where they have a known allergy to airborne or contact allergens
- Identifying non-food allergens within the environment and making adaptations to remove/reduce allergens that pose a risk.

Eccleston St. Mary's will ensure that allergy is included in all school risk assessments to identify risks and plan control measures to minimise the risk of exposure.

Eccleston St. Mary's CE Primary will ensure that the risk of exposure is minimised by

- All school staff allergy training every year
- Educating students through awareness assemblies and within PSHE
- Educating the PTFA about school expectations for allergy management
- Communicating with all visitors, temporary staff and cover staff that they will be teaching a student with an allergy and ensuring that the member of staff has been trained in allergy and anaphylaxis emergency response
- Working closely with parents/carers and health professionals to understand the student's allergy
- Monitoring this policy to ensure that the agreed practices are implemented
- Establishing and maintaining high hygiene standards amongst staff, students and visitors

4. Food Provision and Catering:

The school's menu is available for parents to view in advance with all ingredients listed and allergens highlighted on the Eccleston St. Mary's website. We direct parents to this information weekly on the newsletter. Every half term, parents are reminded not to bring products containing nuts into school. If staff become aware of a product containing nuts in school, it will be removed and the parent contacted.

Eccleston St. Mary's CE Primary will manage the risk of food allergy and provide clear information on allergens in food provided by:

- Ensuring the contract with the school catering company is compliant with the Food Standards Authority allergen management regulations
- Ensuring school caterers provide information on food allergens to parents/carers and have this available for the students to check independently
- Providing student's allergen information to the caterers in a timely manner to ensure that students can eat safely
- Enabling parents/carers to liaise with the catering company or school chef
- Kitchen staff have photos of children with known allergies with details of their allergies displayed in the kitchen.
- Ensuring that food is always labelled as unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary ("may contain") labelling suggesting a risk of contamination with allergen. This applies to foods used within the classroom curriculum (e.g. cooking) as well as that from the school kitchen or canteen.
- Teaching students not to food share, trade food or share utensils or food containers with the reasons why

Where food is not directly provided by the school (for example brought in as treats or to celebrate birthdays) parent/carer permission will be sought in advance to ensure inclusion and safety for students with allergies.

These procedures apply to school led breakfast and after school provision. Where this is provided by a third party, Eccleston St. Mary's ensures that this policy is shared and the third-party provider meets the same procedures.

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.

5. Medication and Adrenaline Devices (ADs) and Storage

Serious anaphylaxis is a time critical situation; delays in administering adrenaline have been associated with fatal reactions. An adrenaline device needs to be administered within 5 minutes so if the adrenaline device cannot be with them in the classroom, the adrenaline device should be stored in an appropriate central location that is unlocked and accessible at all times (including during wrap around care).

Adrenaline devices must be stored at room temperature (in line with manufacturer's guidelines) and not be exposed to extremes of heat. They should not be refrigerated or left in direct sunlight.

At Eccleston St. Mary's, AAls and/or other allergy medication are kept in the year group cupboard: a green first aid sign indicates their location. At breaktimes all medication is taken out onto the playground. AAls must be kept within 5 minutes of the child at all times, not locked away and accessible to all staff. AAls should be stored at room temperature, protected from direct sunlight and temperature extremes.

Medication should be stored in a suitable container and clearly labelled with the pupil's name and picture. 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) and spoon if required
- Asthma inhaler (if included on allergy action plan).

The allergy lead, will check medication kept at school on a monthly 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.

6. Spare Adrenaline Devices

The [Human Medicines \(Amendment\) Regulations 2017](#) permit "spare" adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy.

Eccleston St. Mary's CE Primary School holds spare adrenaline devices for use in emergency situations. These are not a replacement for a student's own adrenaline device. Students prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency.

Please note, there are two different strengths of AAI in this box.

<i>AAI for children under age 6 years (150 micrograms) e.g. EpiPen Junior, Jext 150</i>	<i>AAI for individuals over 6 years of age (300 micrograms) e.g. EpiPen, Jext 300</i>
<i>One pair of "spare" devices</i>	<i>One pair of "spare" devices</i>

These are stored in a plastic box labeled 'Spare Medication' in the office, where it is not locked away and accessible **and known to all staff**. Staff must check the dosage matches the dosage on the child's own AAI, if they have one.

The Allergy Lead is responsible for checking that adrenaline devices are in date and remain clear (not cloudy) on a monthly basis. They will secure replacements one month before the current adrenaline device expires. Adrenaline devices that are used will be disposed of in a sharps box, or given to the paramedic. Adrenaline devices that are out of date or where the adrenaline has degraded will be taken to a pharmacy to be disposed of.

In the event of anaphylactic reaction:

- Adrenaline should be administered as soon as possible, within five minutes. **Do not wait** to contact the emergency services before administering adrenaline.
- The child, young person or individual should not be moved. Adrenaline devices should be brought to them (whether their own prescribed ADs or "spare" ADs).

- If the child, young person or individual **has their own prescribed adrenaline devices**, these should be used in the first instance.
- If the child, young person or individual **does not have prescribed adrenaline devices**, “spare” adrenaline devices can be used.
- If the child, young person or individual’s **prescribed adrenaline devices are not available or misfire**, “spare” adrenaline devices can be used.
- If the individual has serious allergy and asthma and there is any doubt if they are presenting with anaphylaxis or having an asthma attack always administer the adrenaline first.

The [Human Medicines \(Amendment\) Regulations 2017](#) do not require consent to have been obtained for “spare” adrenaline devices to be used. It can be good practice for the school, college or setting to obtain advance consent from parents or the young person for “spare” adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place. However, in an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given.

7. Staff Training and Emergency Response

All staff, including teaching staff, support staff, catering staff and others who may oversee students including at breakfast or after school clubs will be trained in allergy awareness and emergency response. The school is responsible for ensuring that supply, cover, coaching, peripatetic staff have received allergy awareness training.

Training can be online or face to face. The content needs to include:

- Allergy awareness, the risks it poses, how allergic reactions occur and how to manage them
- Allergy includes multiple co-existing conditions: asthma, eczema, hay-fever
- Understand the difference between food allergy, intolerance and coeliac disease
- That a student can be allergic to any food, not just the top 14 allergens
- Know the symptoms of allergic reactions and how to treat
- Know the symptoms of anaphylaxis and how to treat
- How to locate and administer adrenaline or an asthma inhaler
 - All adrenaline devices should be used to train with as the student may have different ones to the spare adrenaline
- How to report an allergic reaction including
 - Mild to moderate
 - Anaphylaxis
 - Near miss/incident
- Understand their responsibilities in risk reduction to ensure that students prevented from coming into contact with their allergens
- Understand the impact that allergy can have on a student’s wellbeing
- Understand the school’s allergy safety policy and
 - How to check if a student is on the record of those with a known allergy
 - How to use an allergy or asthma action plan

8. Emergency preparedness

Throughout the year staff will be reminded of key aspects of the policy such as:

- how to find out who has an allergy
- the storage of spare adrenaline
- practice with adrenaline trainer devices

Eccleston St. Mary's CE Primary will communicate key messages regarding risk reduction leading up to festivals, trips and end of term celebrations. During fire drills and lockdown practices, Eccleston St. Mary's ensure that a student's adrenaline device is with them. Should a real evacuation happen, the student may have to go home without adrenaline if this has not been taken out during a fire evacuation.

9. Roles and Responsibilities:

Allergy lead and governing body:

The governing body are responsible for ensuring that the school's policy sets out the arrangements to reduce the risk of individuals coming into contact with their known allergens and sets out the emergency response plan for cases of anaphylaxis. The governing body monitor this policy with it being a standing agenda item at meetings. There is a named governor who works closely with the allergy lead and reports to the meetings.

Eccleston St. Mary's CE Primary School has a named member of the senior leadership team, **Amie Rostron**, who is responsible for allergy safety which includes driving the implementation of the allergy safety policy and contributing to the review of the policy.

The allergy lead is responsible for:

- systems to collect allergy information during the enrolment process, ensuring that this information is shared with catering. Outside of the normal admission point, ensures that information is shared with staff and catering teams as soon as possible but within two weeks of the student starting
- holding a register of students and staff with allergies including whether they hold adrenaline and whether they have an allergy action plan
- ensures that systems are robust for the identification of students at mealtimes
- Communication about:
 - the policy
 - the students who are on the register of those with allergies
 - the importance of recording and reporting near misses and incidents
- communication with:
 - governors to provide updates about the policy implementation
 - Health and Safety and Designated Safeguarding Leads to keep allergy safety as part of their roles
 - Outside agencies such as Health and Safety Executive (HSE) if a report under RIDDOR is needed
 - Caterer; the procedures in the kitchen and the procedures for ensuring that the students with allergies are provided with a safe meal
 - Parents/carers to enable them to input into IHPs (Individual Healthcare Plans) and to request allergy action plans when appropriate

- Students to develop an understanding of allergy through information assemblies and workshops, participating in awareness days and weeks
- spare adrenaline devices and making sure these are checked and in date, with replacements being secured before the current ones expire
- that IHPs are created and communicated
- Training
 - ensuring that all staff annual training and that allergy is included in induction even for short term members of staff.
 - ensures that all staff have the opportunity to practise with trainer adrenaline devices at least annually but ideally a few times a year.

All Staff:

Responsible for:

- understanding their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency
- supporting the creation of the students IHP
- implementing the students IHP
- Creating an inclusive curriculum
- Curriculum adaptation to minimise risks
- Completing risk assessments for curriculum activities involving food, trips and visits including sporting events
- Building proactive relationships with parents/carers
- Reporting near misses and incidents

Parents:

Responsible for:

- Adhering to this policy
- Providing school with the information they need to create individual health care plans
- Updating school when reactions happen outside of school or any changes to the student's allergy and its management.
- Ensuring that the student always has in date medication with them at school

10. Identification of Individuals with Allergies

Admissions Data Collection: Eccleston St. Mary's CE Primary School collects detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission as part of the admissions process

Information Sharing: UK GDPR does not prevent the sharing of a student's health information (special category data). Relevant information is securely compiled and shared as necessary in a controlled way with teaching staff, support staff, supply cover, and catering teams while maintaining appropriate data privacy.

Transition: Allergy information and existing care plans are shared as part of a student's transition. Eccleston St. Mary's CE Primary School will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement. Eccleston St. Mary's will work with parents/carers and the student if appropriate to write a new IHP Staff and will provide information about students for transition visits ahead of a formal move.

Staff: pre-employment questionnaires will ask whether they have any allergies. If an allergy is declared, there will be a discussion and action plan created to ensure that the member of staff has a safe working environment.

Visitors and regular volunteers: will be asked about allergies ahead of their visit. If an allergy is declared, the allergy lead will be notified, and this information will be communicated as necessary to ensure that the visitor or regular volunteer has a safe working environment.

11. Individual Healthcare Plans (IHPs) and Allergy Action Plans

Allergy action plans

- These are clinical documents that are created by a GP / allergy nurse or allergy clinic. They detail the student's allergy and medication.
- These contain parent/carer contact details and must be signed by the parent/carer as this is the parental authority to administer medication including the administration of spare adrenaline devices.
- These will only be updated by the medical professional following a review of the student's allergy management, this could be annually or 5 yearly. Parents/carers or school need to update the photo of the student annually so that the student is recognisable.

At Eccleston St. Mary's we have a register of pupils who have prescribed adrenaline, which is shared with staff alongside photos of the children.

Allergy action plans are kept in the class healthcare plan files and a central copy is kept in the staffroom.

Individual Healthcare Plans (IHPs)

Individual healthcare plans are an essential communication tool that provide clarity about the arrangements which need to be in place to ensure that a student is fully included in the life of the school. It will identify exact risk-mitigation measures that need to be followed.

Individual Healthcare Plans are school owned documents that are co-created by school, parents/carers and students.

They should include any advice received from health professionals. If there is no advice from health professionals, information and support can be requested of the school nurses if this is needed. Where a child has an allergy action plan and or an asthma plan, this must be included with the IHP.

We review IHPs annually or when staff change, however they must be reviewed if an incident or near miss occurs. They need to be brought to the attention of supply or cover staff and be passed on during transition to a new school.

Eccleston ST. Mary's CE Primary School will ensure that:

- students with an allergy action plan and/or an asthma plan have an individual healthcare plan
- students without an allergy action plan or asthma plan but have an allergy that needs active management over and above what other students need will have an individual healthcare plan

- individual healthcare plans are created whilst students are waiting for a diagnosis

13. School Trips and External Visits

At Eccleston St. Mary's CE Primary School, we ensure that students with allergies are fully included in every trip, sporting event, or extracurricular activity. A risk assessment addressing allergen exposure in each activity, emergency medication, transport, and proximity to local emergency care will be undertaken with control measures identified. This will include the safe storage of adrenaline for the duration of the school trip.

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all students have their medication including adrenaline devices with them before departure. Students unable to produce their required medication will not be able to attend the excursion.

In conjunction with the allergy lead, the trip leader will review the risk assessment to determine whether the school's spare adrenaline devices should be taken on the trip. Eccleston St. Mary's will provide additional spare adrenaline devices should the risk assessment for the trip deem necessary to take them ensuring that students remaining in school still have access to spare adrenaline devices should the need arise.

Eccleston St. Mary's CE Primary School will notify the host school, when arranging a sporting fixture, that a member of the team has an allergy. When a sports tea is provided, the student's school will ensure the student's allergies are communicated and appropriate food is provided.

14. Supporting children to manage their allergy and what to do if a child raises a concern

Children should be helped to understand how to manage their allergy. They should be aware of where their medication and adrenaline is kept. Decisions about allowing children to carry their own medication and adrenaline devices where appropriate will be made on an individual basis in consultation with parents and relevant healthcare professionals. The child's safety and best interest will always be of primary concern.

It is important that children with allergies are not made to feel different. At Eccleston St. Mary's, all children should feel included and able to take part in the full life of the school. It is therefore important that allergies are treated sensitively and incidents or concerns dealt with discreetly and not in front of other children.

If a child raises a concern regarding a food which may contain an allergen, the following steps should be taken:

- The food should be removed from the child and area immediately
- The child should immediately wash their hands
- The surrounding area should be thoroughly cleaned
- SLT should be informed immediately

14. Serious Incidents and "Near Misses":

Eccleston St. Mary's CE Primary School approaches serious incidents and "near misses" in a "no blame" spirit, seeking to learn lessons and address any issues which the incident identified, so that students are better protected in the future.

Eccleston St. Mary's CE Primary School is aware, when an incident occurs that materials such as residues of food consumed or handled or samples of fluids may constitute evidence, which may need to be seized and retained.

Eccleston St. Mary's CE Primary School uses CPOMS to record allergic reactions (incidents) and near misses (e.g., accidental exposure without reaction, or labelling errors) immediately. The incident or near miss will be reviewed and a report written. This will include:

- Who was affected
- What happened, when and where
- Why the incident occurred
- How staff and students responded; what was done to support the individual; whether emergency services were called out
- How the incident concluded

Eccleston ST. Mary's CE Primary will share the report with the student's parents/carers, the student and the individual involved. They should be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. Eccleston St. Mary's CE Primary will confirm what it has learned from the incident and outline any actions it is taking as a result. The student's IHP will be updated if necessary.

If unsafe food was supplied by the school operating as a food business, the incident must be reported to the local authority environmental health team.

15. Wellbeing and Support

At Eccleston St. Mary's CE Primary, allergy safety is a priority and actions to ensure that students are included and safe are embedded into the school's culture. Students with allergy become anxious as a result of the risk of exposure to allergens and the potential for anaphylaxis, which may be compounded by living with difficult-to-control asthma or eczema. Eccleston St. Mary's CE Primary will:

- regularly communicate to students, parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks
- include allergy and anaphylaxis lessons during assembly or in PSHE
- plan school celebrations, rewards, and communal events inclusively from the outset to eliminate social isolation
- involve students and staff with allergies in developing and reviewing the policy and procedures for allergy management

- understand that allergy bullying is extremely serious and actively monitors, prevents, and addresses any stigmatisation or bullying directed at individuals due to their allergies or dietary constraints
- invite new joiners with allergies to have a tour of the kitchen and canteen so they can meet staff and get used to the mealtime environment which may help to reduce anxiety and enable staff to identify students with allergies in the dining hall
- proactively engage with new joiners with known allergies, setting out the school's policies and the support available

Safeguarding:

Eccleston St. Mary's CE 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.

Eccleston St. Mary's CE Primary School recognises that a safeguarding referral may be needed if an incident highlighted concern that the child or young person might be at an increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition. This might occur where relevant information about a child or young person's medical condition is not provided to a school, college or setting, or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

16. Unacceptable practice

Eccleston St. Mary's staff are clear about what constitutes unacceptable practice and are committed to ensuring that only good practice occurs. Should unacceptable practice occur the school will follow its own procedures to identify and address this using staff conduct policies.

Examples of unacceptable practice include (but are not limited to):

- preventing children and young people from easily accessing and administering their medication in line with what is agreed in their Individual Healthcare Plan (for example prescribed adrenaline devices and asthma reliever inhalers) when and where necessary;
- assuming that every child with the same condition requires the same support;
- assuming that older children and young people do not require support related to their allergy, even if they are able to take increasing responsibility for its management;
- ignoring the views of the child or young person or their parents or carer;
- ignoring medical evidence or the opinion and advice of healthcare professionals;
- assuming that a child or young person does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way;
- sending a child or young person who becomes unwell to a school office or medical room without suitable supervision. In the case of an emergency or suspected emergency (for example anaphylaxis) help should come to the child or young person;
- penalising children or young people for their attendance record if their absences are related to their medical condition, e.g. hospital appointments and health management. This includes excluding children and young people from rewards for 100% attendance where their non-attendance is the result of a medical condition. This should be reflected in attendance policies;

- requiring parents / carers (or otherwise making them feel obliged) to attend the school, college or setting to administer medication or provide medical support to their child; or
- preventing children and young people from participating or creating unnecessary barriers to them participating in any aspect of school, college or setting life, including external visits and trips, e.g. by requiring parents to accompany the child.

17. Policy Review and Publication

This policy is published openly on the school website and is reviewed at least annually, or more frequently in response to local incident trends or updated statutory guidelines.

Recognise the signs of anaphylaxis



- Tightening of the throat
- Hoarse voice
- Difficulty swallowing
- Swollen tongue



- Sudden wheezing
- Difficult or noisy breathing
- Persistent cough



- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

If any one (or more) of these signs are present: **Don't delay**

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



② **Give adrenaline device without delay**
(use the school's spare device if needed)



Scan this code for instructions on how to use adrenaline devices

③ **Immediately dial 999** for ambulance
and say ANAPHYLAXIS (ana-fill-axis)



After giving adrenaline:

- Stay with person until ambulance arrives, do NOT stand them up.
 - Keep them lying down, even if things seem to be getting better.
- Phone parent/emergency contact.



If no improvement after 5 minutes, give another dose of adrenaline using a second device, if available.

Commence CPR at any time if there are no signs of life



ALWAYS GIVE ADRENALINE DEVICE FIRST if someone has **SEVERE AND SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice). **THEN SEEK MEDICAL HELP. Anaphylaxis can occur without skin symptoms**

Appendix B

Further reading:

Anaphylaxis UK: for teachers by teachers, the one stop shop for all school allergy needs: <https://www.anaphylaxis.org.uk/education>

Allergy UK: <https://www.allergyuk.org/about-allergy/types-of-allergies>

Allergy Safety in Schools July 2026: <https://www.gov.uk/government/publications/allergy-safety-in-schools>

[Guidance on the use of adrenaline auto-injectors in schools](#)

Spare Pens in School: <https://www.sparepensinschools.uk>

Benedict's law:

<https://benedictblythe.com/benedicts-law>

<https://www.anaphylaxis.org.uk/education/benedicts-law>

Food:

Allergy Guidance for Schools: <https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools>

Allergy Guidance for food businesses: <https://www.gov.uk/government/publications/allergen-guidance-for-food-businesses>

Statutory Duties:

The duties under Section 34 of the [Children's Wellbeing and Schools Act 2026](#) place a requirement on LA-maintained schools, Academies and PRUs to have allergy safety policies, publish them and keep them under review.

The duty of care under section 3 of the [Children Act 1989](#) for any person with the care of a child to do all that is reasonable for the purposes of safeguarding or promoting the welfare of the child;
The duties to safeguard and promote the welfare of pupils and students under sections 20 and 175 of the [Education Act 2002](#), the [Education \(Independent School Standards\) Regulations 2014](#) (and associated statutory guidance [Keeping Children Safe in Education](#)) and the [Non-Maintained Special Schools \(England\) Regulations 2015](#);

The duty of the employer under section 2 of the [Health and Safety at Work etc Act 1974](#) to take reasonable steps to ensure that employees are not exposed to risks to their health and safety;
The duties under the [Equality Act 2010](#) to provide equality of opportunity for all, including those who are disabled.

The Special Educational Needs and Disability (SEND) [SEND code of practice: 0 to 25 years](#).
[The Early Years Foundation Stage \(EYFS\) statutory framework](#).