Ladygrove Primary School and Nursery

Allergen and Anaphylaxis Policy

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Contents

Statement of intent

1. Legal Framework
2. Definitions
3. Roles and Responsibilities
4. Food Allergies
5. Food allergen labelling
6. Animal Allergies
7. Seasonal Allergies
8. Adrenaline auto-injectors (AAIs)
9. Access to spare AAIs
10. School Trips
11. Medical Attention and Required Support
12. Staff Training
13. Mild to moderate allergic reaction
14. Managing anaphylaxis
15. Monitoring and review

Appendix

A. Examples and templates
B. Signs and Symptoms of an allergic reaction
C. Running an anaphylaxis drill
D. Risk Assessment

Statement of intent

Ladygrove Primary School and Nursery strives to ensure the safety and wellbeing of all members of the school community. For this reason, this policy is to be adhered to by all staff members, parents and pupils, with the intention of minimising the risk of anaphylaxis occurring whilst at school.

In order to effectively implement this policy and ensure the necessary control measures are in place, parents are responsible for working alongside the school in identifying allergens and potential risks, in order to ensure the health and safety of their children.

The school does **not** guarantee a completely allergen-free environment; however, this policy will be utilised to minimise the risk of exposure to allergens, encourage self-responsibility, and plan for an effective response to possible emergencies.

1. Legal Framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- Department of Health 'Guidance on the use of adrenaline auto-injectors in schools'
- DfE 'Supporting pupils at school with medical conditions'
- DfE 'Allergy guidance for schools'

This policy will be implemented in conjunction with the following school policies and documents:

- Health and Safety Policy
- Whole-school Food Policy
- Administering Medication Policy
- Supporting Pupils with Medical Conditions Policy
- Animals in School Risk Assessment
- Educational Visits and School Trips Policy
- Allergen and Anaphylaxis Risk Assessment
- Cooking Lesson risk assessment
- Eating risk assessment

2. Definitions

For the purpose of this policy:

Allergy – is a condition in which the body has an exaggerated response to a substance. This is also known as hypersensitivity.

Allergen – is a normally harmless substance that triggers an allergic reaction for a susceptible person.

Allergic reaction – is the body's reaction to an allergen and can be identified by, but not limited to, the following symptoms

- Generalised flushing of the skin
- Hives
- Itching and tingling of the skin
- Tingling in and around the mouth
- Burning sensation in the mouth
- Swelling of the throat, mouth or face
- Feeling wheezy
- Abdominal pain
- Rising anxiety
- Nausea and vomiting
- Alterations in heart rate
- Feeling of weakness

Anaphylaxis – is also referred to as anaphylactic shock, which is a sudden, severe and potentially life-threatening allergic reaction. This kind of reaction may include the following symptoms:

- Persistent cough
- Throat tightness
- Change in voice, e.g. hoarse or croaky sounds
- Wheeze (whistling noise due to a narrowed airway)
- Difficulty swallowing/speaking
- Swollen tongue
- Difficult or noisy breathing
- Chest tightness
- Feeling dizzy or feint
- Suddenly becoming sleepy, unconscious or collapsing
- For infants and younger pupils, becoming pale or floppy

3. Roles and Responsibilities

The governing board is responsible for

- Ensuring that policies, plans, and procedures are in place to support pupils with allergies and those who are at risk of anaphylaxis and that these arrangements are sufficient to meet statutory responsibilities and minimise risks.
- Ensuring that the school's approach to allergies and anaphylaxis focusses on, and accounts for, the needs of each individual pupil.
- Ensuring that staff are properly trained to provide the support that pupils need, and that they receive allergy and anaphylaxis training at least annually.
- Monitoring the effectiveness of this policy and reviewing it on an **annual** basis, and after any incident where a pupil experiences an allergic reaction.
- The named governor with responsibility is Fiona Deakin.

The deputy headteacher is responsible for:

- The development, implementation and monitoring of this policy and related policies, coordinating reviews, monitoring incidents and near misses, and ensuring staff receive appropriate training.
- Ensuring that parents are informed of their responsibilities in relation to their child's allergies.
- Ensuring that all relevant risk assessments, e.g. to do with food preparation, have been carried out and controls to mitigate risks are implemented.
- Ensuring that all staff members are provided with information regarding allergic reactions and anaphylaxis, including the necessary precautions and how to respond.

- Ensuring that catering staff are aware of pupils' allergies and act in accordance with the school's policies regarding food and hygiene, including this policy.

The school nurse is responsible for:

- Ensuring that there are effective processes in place for medical information to be regularly updated and disseminated to relevant staff members, including supply and temporary staff.
  Seeking up-to-date medical information about each pupil via a medical form sent to parents on an annual basis, including information regarding any allergies.
- Contacting parents for required medical documentation regarding a pupil's allergy.

All staff members are responsible for:

- Attending relevant training regarding allergens and anaphylaxis.
- Being familiar with and implementing pupils' individual healthcare plans (IHPs) as appropriate.
- Responding immediately and appropriately in the event of a medical emergency.
- Reinforcing effective hygiene practices, including those in relation to the management of food.
- Monitoring all food supplied to pupils by both the school and parents.
- Ensuring that pupils do not share food and drink in order to prevent accidental contact with an allergen.

The Catering service manager and Catering Supervisor is responsible for:

- Monitoring the Food Allergen Matrix, allergen records and allergen tracking information to ensure they are accurate, complete and up to date.
- Reporting any non-conforming food labelling, ingredient discrepancies or allergen information concerns to the supplier and taking appropriate action where necessary.
- Ensuring kitchen staff comply with current food allergen legislation, food safety requirements and the catering service's allergen management procedures.
- Ensuring all relevant staff receive appropriate allergen awareness training, with refresher training provided at least annually and whenever there are significant changes to legislation, guidance or procedures.
- Recording incidents, near misses and non-conformities relating to allergen labelling, ingredients, cross-contamination risks or staff practices using the appropriate incident reporting procedures.
- Investigating allergen-related incidents and near misses, implementing corrective actions and ensuring measures are put in place to minimise the risk of recurrence.
- Undertaking regular audits and checks of allergen management procedures to verify compliance and identify opportunities for improvement.

Kitchen staff are responsible for:

- Ensuring they are familiar with this policy, the catering service's allergen management procedures, and the processes for identifying pupils with food allergies, intolerances and medically prescribed dietary requirements.
- Maintaining up-to-date knowledge of the 14 legally recognised allergens and understanding how to prevent allergen cross-contamination during the receipt, storage, preparation and service of food.
- Ensuring they know the allergen content of all food and drink items being served and that accurate allergen information is readily available to pupils, parents/carers and staff on request.
- Following approved recipes, product specifications and ingredient information, and checking ingredient labels where substitutions or product changes occur.
- Ensuring that allergen labels, meal identification labels and allergen records are accurate, complete, clearly legible and securely attached where required.
- Ensuring meals prepared for pupils with known allergies, intolerances or medically prescribed diets are clearly identified and served in accordance with agreed catering procedures.
- Reporting any concerns regarding food ingredients, allergen information, product substitutions, labelling errors or risks of cross-contamination to the Kitchen Supervisor immediately.
- Reporting and recording any allergen-related incidents, near misses or non-conformities in accordance with the catering service's incident reporting procedures.
- Completing mandatory allergen awareness, food safety and safeguarding training and participating in refresher training at least annually, or sooner where legislation, guidance or procedures change.
- Refusing to serve any food item where allergen information cannot be verified until appropriate checks have been completed.

All parents are responsible for:

- Notifying the school of their child’s allergens, the nature of the allergic reaction, what medication to administer, specified control measures and what can be done to prevent the occurrence of an allergic reaction.
- Keeping the school up-to-date with their child’s medical information.
- Providing written consent for the use of a spare AAI.
- Providing the school with written medical documentation, including instructions for administering medication as directed by the child’s doctor.
- Raising any concerns they may have about the management of their child’s allergies with Laura Edenborough (Health Care Plan Lead)

All pupils are responsible for:

- Ensuring that they do not exchange food with other pupils.
- Avoiding food which they know they are allergic to, as well as any food with unknown ingredients.
- Notifying a member of staff immediately in the event they believe they are having an allergic reaction, even if the cause is unknown, or have come into contact with an allergen.

4. Food Allergies

Parents will provide the school with a written list of any foods that their child may have an adverse reaction to, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

Information regarding all pupils' food allergies will be collated, indicating whether they consume a school dinner or a packed lunch, and this will be passed on to the school's catering service. When making changes to menus or substituting food products, the school will ensure that pupils' special dietary needs continue to be met by:

- Checking any product changes with all food suppliers
- Asking caterers to read labels and product information before use
- Using the Food Standards Agency's allergen matrix to list the ingredients in all meals.
- Ensuring allergen ingredients remain identifiable.

Kitchen staff will have a full list of allergens and will avoid using them within the menu where possible.
Where meals include allergens or traces of allergens, staff will use clear and fully visible labels, in line with this policy, to denote the allergens of which consumers should be aware.

The school will ensure that there are always dairy- and gluten-free options available for pupils with allergies and intolerances, wherever reasonably practical.
To ensure that catering staff can appropriately identify pupils with dietary needs, a photo is taken of each child along with their allergies, printed, laminated and displayed near the serving stations of the kitchen. The information is also displayed on our MIS system and updated as and when necessary.
All tables and food preparation surfaces will be cleaned and sanitised before and after use in accordance with the catering provider's food safety procedures.

Appropriate cleaning materials and sanitising products will be used to minimise the risk of allergen and food contamination.

The school and catering provider will operate recognised colour-coded equipment and cleaning systems to reduce the risk of cross-contamination between food types and preparation areas.

Cleaning equipment, including cloths and utensils, will be used in accordance with food hygiene procedures and kept separate where required.

Where a pupil has a medically prescribed dietary requirement, separate utensils, equipment and preparation areas will be used where necessary to minimise the risk of allergen cross-contamination.

Food ingredients containing allergens will be stored, handled and prepared in a manner that reduces the risk of cross-contamination with other foods.

The catering provider will maintain procedures for the safe storage, preparation and service of allergen-containing foods and will ensure that all staff are trained in allergen awareness and cross-contamination prevention.
The chosen catering service of the school is responsible for ensuring that the school's policies are adhered to at all times, including those in relation to the preparation of food, taking into account any allergens.
Learning activities which involve the use of food, such as food technology lessons, will be planned in accordance with pupils' IHPs, taking into account any known allergies of the pupils involved.

5. Food allergen labelling

The school will adhere to allergen labelling rules for pre-packed food goods, in line with the Food Information (Amendment) (England) Regulations 2019, also known as Natasha's Law.
The school will ensure that all food is labelled accurately, that food is never labelled as being 'free from' an ingredient unless staff are certain that there are no traces of that ingredient in the product, and that all labelling is checked before being offered for consumption.
The relevant staff, e.g. kitchen staff, nursery staff, breakfast club and ASC will be trained prior to storing, handling, preparing, cooking and/or serving food to ensure they are aware of their legal obligations. Training will be reviewed every three years, or as soon as there are any revisions to related guidance or legislation.

Food goods classified as **Pre-Packaged for Direct Sale (PPDS)** will clearly display the following information on the packaging:

- The name of the food.
- A full ingredients list, with any of the 14 legally recognised allergens clearly emphasised, for example in **bold**, italics, CAPITALS or a contrasting format.

The school and catering provider will ensure that accurate allergen information is maintained and readily available to pupils, parents/carers and staff.

To ensure allergen traceability and the accuracy of allergen information:

- All allergen and ingredient information will be obtained from approved suppliers and supported by current product specifications.
- Allergen information will be recorded and maintained within the catering provider's Food Allergen Matrix and associated records.

- Allergen information will be reviewed and updated whenever there are changes to ingredients, recipes, suppliers, packaging or menu items.
- Allergen traceability will be maintained throughout the receipt, storage, preparation, cooking and service of food.
- The Food Allergen Matrix and supporting records will be regularly reviewed by the Kitchen Supervisor or nominated competent person to ensure they remain accurate, complete and up to date.
- Any discrepancies relating to ingredients, allergen information, packaging or labelling will be reported immediately and the affected product withdrawn from use until the information has been verified.
- Any allergen-related incidents, near misses, labelling errors or failures to follow allergen management procedures will be recorded and investigated in accordance with the catering provider's incident reporting procedures.
- Appropriate corrective actions will be implemented following any incident or non-conformity to minimise the risk of recurrence.

The Kitchen Supervisor or nominated competent person will be responsible for overseeing allergen management records and ensuring compliance with this policy and current food safety and allergen legislation.

Declared allergens

The following allergens will be declared and listed on all PPDS foods in a clearly legible format:

- Cereals containing gluten and wheat, e.g. spelt, rye and barley
- Crustaceans, e.g. crabs, prawns, lobsters
- Nuts, including almonds, hazelnuts, walnuts, cashews, pecan nuts, brazil nuts and pistachio nuts
- Celery
- Eggs
- Fish
- Peanuts
- Soybeans
- Milk
- Mustard
- Sesame seeds
- Sulphur dioxide and sulphites at concentrations of more than 10mg/kg or 10mg/L in terms of total sulphur dioxide
- Lupin
- Molluscs, e.g. mussels, oysters, squid, snails

The above list will apply to foods prepared on site, e.g. sandwiches, salad pots and cakes, that have been pre-packed prior to them being offered for consumption.
Kitchen staff will be vigilant when ensuring that all PPDS foods have the correct labelling in a clearly legible format, and that this is either printed on the packaging itself or on an attached label. Food goods with incorrect or incomplete labelling will be removed from the product line, disposed of safely and no longer offered for consumption.
Any abnormalities in labelling will be reported to the kitchen manager immediately, who will then contact the relevant supplier where necessary.
The kitchen manager will be responsible for monitoring food ingredients, packaging and labelling on a weekly basis and will contact the supplier immediately in the event of any anomalies.

Changes to ingredients and food packaging:
The school will ensure that communication with suppliers is robust and any changes to ingredients and/or food packaging are clearly communicated to kitchen staff and other relevant members of staff.
Following any changes to ingredients and/or food packaging, all associated documentation will be reviewed and updated as soon as possible.

6. Animal Allergies

The Animals risk assessment will be adhered to at all times.
Pupils with known allergies to specific animals will have restricted access to those that may trigger a response.
In the event of an animal on the school site, staff members will be made aware of any pupils to whom this may pose a risk and will be responsible for ensuring that the pupil does not come into contact with the specified allergen.
The school will ensure that any pupil or staff member who comes into contact with the animal washes their hands thoroughly to minimise the risk of the allergen spreading.
A supply of antihistamine medicine will be kept in the **main school office** in case of an allergic reaction.

Asthma – Refer to the separate school Asthma policy

7. Seasonal Allergies

The term ‘seasonal allergies’ refers to common outdoor allergies, including hay fever and insect bites.
Precautions regarding the prevention of seasonal allergies include ensuring that grass within the school premises is not mown whilst pupils are outside.
Pupils with severe seasonal allergies will be provided with an indoor supervised space to spend their break and lunchtimes in, avoiding contact with outside allergens.
A professional judgement as to whether the pupil should stay indoors will be made by completed child’s consent form,
Pupils will be encouraged to wash their hands after playing outside.

Pupils with known seasonal allergies are encouraged to bring an additional set of clothing to school to change in to after playing outside, with the aim of reducing contact with outdoor allergens, such as pollen.
Staff members will be diligent in the management of wasp, bee and ant nests on school grounds and in the school's nearby proximity, reporting any concerns to the site manager.
The site manager/ Pest control company- Prokill is responsible for ensuring the appropriate removal of wasp, bee and ant nests on and around the school premises.
Where a pupil with a known allergy is stung or bitten by an insect, medical attention will be given immediately.

8. Adrenaline auto-injectors (AAIs)

Pupils who suffer from severe allergic reactions may be prescribed an AAI for use in the event of an emergency.
Under The Human Medicines (Amendment) Regulations 2017 the school is able to purchase AAI devices without a prescription, for emergency use on pupils who are at risk of anaphylaxis, but whose device is not available or is not working.
The school will purchase spare AAIs from a pharmaceutical supplier, such as the local pharmacy.
The school will submit a request, signed by the deputy headteacher, to the pharmaceutical supplier when purchasing AAIs, which outlines:

- The name of the school.
- The purposes for which the product is required.
- The total quantity required.

The deputy headteacher, will decide which brands of AAI to purchase.
Where possible, the school will hold one brand of AAI to avoid confusion with administration and training; however, subject to the brands pupils are prescribed, the school may decide to purchase multiple brands.
The school will purchase AAIs in accordance with age-based criteria, relevant to the age of pupils at risk of anaphylaxis, to ensure the correct dosage requirements are adhered to. These are as follows:

- For pupils under age 6: 0.15 milligrams of adrenaline
- For pupils aged 6-12: 0.3 milligrams of adrenaline

Spare AAIs are stored as part of an emergency anaphylaxis kit, which includes the following:

- One or more AAIs
- Instructions on how to use the device(s)
- Instructions on the storage of the device(s)
- Manufacturer's information
- A checklist of injectors, identified by the batch number and expiry date, alongside records of monthly checks
- A note of the arrangements for replacing the injectors
- A list of pupils to whom the AAI can be administered
- An administration record (also recorded on CPOMS)

Pupils who have prescribed AAI devices, and are over the age of seven, are kept in their classroom. For pupils under the age of seven who have prescribed AAI devices, these are stored in a suitably safe and easily accessible location.

Spare AAIs are not located more than **2.5** minutes away from where they may be required. The emergency anaphylaxis kit(s) can be found at the following location:

- **Main Office**

All staff have access to AAI devices, but these are out of reach and inaccessible to pupils – AAI devices are not locked away where access is restricted.

All spare AAI devices will be clearly labelled to avoid confusion with any device prescribed to a named pupil.

In line with manufacturer's guidelines, all AAI devices are stored at room temperature in line with manufacturer's guidelines, protected from direct sunlight and extreme temperature.

The following staff members are responsible for maintaining the emergency anaphylaxis kit(s):

- **Kerrie Jones**

The above staff members conduct a **monthly** check of the emergency anaphylaxis kit(s) to ensure that:

- Spare AAI devices are present and have not expired.
- Replacement AAIs are obtained when expiry dates are approaching.

The following staff member is responsible for overseeing the protocol for the use of spare AAIs, its monitoring and implementation, and for maintaining the Register of AAIs: **Kerrie Jones**

Any used or expired AAIs are disposed of after use in accordance with manufacturer's instructions.

Used AAIs may also be given to paramedics upon arrival, in the event of a severe allergic reaction, in accordance with this policy.

A sharps bin (allocated in locked first aid cupboard by school office) is utilised where used or expired AAIs are disposed of on the school premises.

Where any AAIs are used, the following information will be recorded on the AAI Record:

- Where and when the reaction took place
- How much medication was given and by whom

9. Access to spare AAIs

A spare AAI can be administered as a substitute for a pupil's own prescribed AAI, if this cannot be administered correctly, without delay.

Consent will be obtained as part of the introduction or development of a pupil's IHP.

Pupils who are at risk of anaphylaxis, the Emergency AAI (Auto Adrenaline Injector) will be administered without seeking advice from a Health Care Professional. 999 will also be called.

If consent has been given to administer a spare AAI to a pupil, this will be recorded in their IHP.

The school uses a register of pupils (Register of AAIs) to whom spare AAIs can be administered – this includes the following:

- Name of pupil
- Class
- Known allergens
- Risk factors for anaphylaxis
- Whether medical authorisation has been received

- Whether written parental consent has been received
- Dosage requirements

Parents are required to provide consent on an annual basis to ensure the register remains up to-date.
Parents can withdraw their consent at any time. To do so, they must **confirm in writing to the school office**. (A2168@taw.org.uk)

Kerrie Jones checks the register is up-to-date on an **annual** basis.
Kerrie Jones will also update the register relevant to any changes in consent or a pupil's requirements.
Individual grab bags are clearly labelled and stored in **each classroom**, which are accessible to all staff members.

10. School Trips

The deputy headteacher will ensure a risk assessment is conducted for each school trip to address pupils with known allergies attending. All activities on the school trip will be risk assessed to see if they pose a threat to any pupils with allergies and alternative activities will be planned where necessary to ensure the pupils are included.
The school will speak to the parents of pupils with allergies where appropriate to ensure their cooperation with any special arrangements required for the trip.
A designated adult will be available to support the pupil at all times during a school trip.
If the pupil has been prescribed an AAI, at least one adult trained in administering the device will attend the trip. The pupil's medication will be taken on the trip and stored securely – if the pupil does not bring their medication, they will not be allowed to attend the trip.
A member of staff will be assigned responsibility for ensuring that the pupil's medication is carried at all times throughout the trip.
Emergency AAI will be taken on the trip and will be easily accessible at all times.
A spare AAI must always be available in school.
Where the venue or site being visited cannot assure appropriate food can be provided to cater for pupils' allergies, the pupil will take their own food or the school will provide a suitable packed lunch.

11. Medical Attention and Required Support

Once a pupil's allergies have been identified, a meeting will only be set up between the pupil's parents, the relevant classroom teacher and any other relevant staff members, if the pupil's allergies are severe and on a prescribed medication, a plan of appropriate action/support will be developed. School Nurse will be consulted if necessary.
All medical attention, including that in relation to administering medication, will be conducted in accordance with the Administering Medication Policy and the Supporting Pupils with Medical Conditions Policy.
Parents will provide the school with any necessary medication, ensuring that this is clearly labelled with the pupil's name, class, expiration date and instructions for administering it.

Pupils will not be able to attend school or educational visits without any life-saving medication that they may have, such as AAIs.

All members of staff involved with a pupil with a known allergy are aware of the location of emergency medication and the necessary action to take in the event of an allergic reaction.

Any specified support which the pupil may require will be outlined in their IHP.

All staff members providing support to a pupil with a known medical condition, including those in relation to allergens, will be familiar with the pupil's IHP.

Laura Edenborough is responsible for working alongside relevant staff members and parents in order to develop IHPs for pupils with severe allergies (Epipen, allergic reactions) with prescribed medications , ensuring that any necessary support is provided and the required documentation is completed, including risk assessments being undertaken.

Kerrie Jones is responsible is communicating with parents and carers regarding known allergies and completing the necessary IHP and register.

Kirsty Stewart has overall responsibility for ensuring that IHPs are implemented, monitored and communicated to the relevant members of the school community.

12. Staff Training

All staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so. Also long term supply, University placements and PTA will be given the details to complete the online anaphylaxis and allergy training.

In accordance with the Supporting Pupils with Medical Conditions Policy, staff members will receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

The school will arrange anaphylaxis training on an **annual** basis.Running an anaphylaxis drill termly.

The relevant staff, e.g. kitchen staff, will be trained on how to identify and monitor the correct food labelling and how to manage the removal and disposal of PPDS foods that do not meet the requirements set out in Natasha's Law.

The relevant members of staff will be trained on how to consistently and accurately trace allergen-containing food routes through the school, from supplier delivery to consumption.

All staff members will be taught to:

- Recognise the range of signs and symptoms of allergic/severe allergic reactions/ anaphylaxis.
- Respond appropriately to a request for help from another member of staff.
- Understand how quickly anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis can occur with prior mild to moderate symptoms. Recognise when emergency action is necessary.
- Understand that AAIs should be administered without delay as soon as anaphylaxis occurs. Administer AAIs according to the manufacturer's instructions.
- Understand how to access AAIs.
- Understand how to check if a pupil is on the Register of AAIs.
- Make appropriate records of allergic reactions.
- Be aware of the provisions of this policy.

13. Mild to moderate allergic reaction

Mild to moderate symptoms of an allergic reaction include the following:

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

If any of the above symptoms occur in a pupil, the nearest adult will stay with the pupil and refer to their IHP to determine appropriate next steps.

The pupil's parents will be contacted immediately if a pupil suffers a mild to moderate allergic reaction, and if any medication has been administered.

In the event that a pupil without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction. An AAI will be administered in these situations without contacting the emergency services.

For mild to moderate allergy symptoms, the pupil's IHP will be followed, and the pupil will be monitored closely to ensure the reaction does not progress into anaphylaxis.

Should the reaction progress into anaphylaxis, the school will act in accordance with this policy.
Where the pupil is required to go to the hospital, an ambulance will be called.

14. Managing anaphylaxis

In the event of anaphylaxis, the nearest adult will lay the pupil flat on the floor and try to ensure the pupil suffering an allergic reaction remains as still as possible; if the pupil is feeling weak, dizzy, appears pale and is sweating their legs will be raised. A staff member will be called for help and the emergency services contacted immediately. The staff member will administer an AAI to the pupil – as detail in Benedict's Law https://allergyschool.org.uk/

If necessary, other staff members may assist the staff members with administering AAIs.

A member of staff will stay with the pupil until the emergency services arrive – the pupil will remain lying flat and still. If the pupil's condition deteriorates after initially contacting the emergency services, a second call will be made to ensure an ambulance has been dispatched.

The headteacher and/or deputy headteacher will be contacted immediately, as well as a suitably trained individual, such as a first aider.

If the pupil stops breathing, a suitably trained member of staff will administer CPR.
If there is no improvement after five minutes, a further dose of adrenaline will be administered using another AAI, if available.

In the event that a pupil without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a staff member will administer an AAI and emergency services will be contacted.

A staff member will contact the pupil's parents as soon as is possible.
Upon arrival of the emergency services, the following information will be provided:

- Any known allergens the pupil has
- The possible causes of the reaction, e.g. certain food
- The time the AAI was administered – including the time of the second dose, if this was administered
- Any used AAIs will be given to paramedics.

Staff members will ensure that the pupil is given plenty of space, moving other pupils to a different room where necessary.

Staff members will remain calm, ensuring that the pupil feels comfortable and is appropriately supported.

A member of staff will accompany the pupil to hospital in the absence of their parents.

If a pupil is taken to hospital by ambulance, **two** members of staff will accompany them.

Individual grab bags clearly labelled with photo and name are held **in their classroom** for easy access in the event of an allergic reaction.

Following the occurrence of an allergic reaction, the Headteacher/Deputy Headteacher, in conjunction with parents and medical profession, will review the adequacy of the school's response and will consider the need for any additional support, training or other corrective action.

15. Monitoring and review

The deputy headteacher is responsible for reviewing this policy **annually**.

The effectiveness of this policy will be monitored and evaluated by all members of staff. Any concerns will be reported to the deputy headteacher immediately.

Following each occurrence of an allergic reaction, this policy and pupils' IHPs will be updated and amended as necessary.

Appendix A: EXAMPLE Individual Healthcare Plan for allergy
Name :
Date of birth:
Year / class:
Emergency contacts:
Staff who need to be aware:
1.Allergy: ***Note what allergy the child or young person has.*** *Note any known allergens.* *Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.*
2.How the allergy is managed: *Note any care or action plans or prescribed medication issued by healthcare professionals.* *If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.* *Note the extent to which the child or young person is able to take responsibility for managing their allergy.*
3.Impact on education: *Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.* *Indicate how the allergy may impact on the child or young person's learning.* *Indicate how the allergy may impact on the child or young person's emotional wellbeing.* *If relevant, note any interaction between allergy and SEN.*
4.Arrangements for support: *Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.* *Outline measures to reduce the risk of contact with known allergens.* *Give details of the specific support or adaptations to manage food allergy at meal and snack times.* *Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.*
5.Visits and trips: *Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.* *Note any requirement for a risk assessment and prompts for specific issues which should be considered.*

EXAMPLE

6.Emergency response:

Where an Action Plan issued covers emergency response, refer to it and ensure it is attached.

Otherwise summarise the signs or symptoms which would indicate an emergency.

Set out what to do in an emergency, including whom to contact.

If relevant, note where "spare" adrenaline devices are located.

In the case of an emergency and your child (with a known allergy) is displaying one or more symptoms of anaphylaxis

- Persistent cough
- Throat tightness
- Change in voice, e.g. hoarse or croaky sounds
- Wheeze (whistling noise due to a narrowed airway)
- Difficulty swallowing/speaking
- Swollen tongue
- Difficult or noisy breathing
- Chest tightness
- Feeling dizzy or feint
- Suddenly becoming sleepy, unconscious or collapsing

For infants and younger pupils, becoming pale or floppy

EXAMPLE

The Emergency AAI (Auto Adrenaline Injector) will be administered without seeking advice from a Health Care Professional. 999 will also be called.

Parent Signature :	
Last communicated with parents:	**Date**
Issued by:	**Date**:
Next planned review:	**Date**:

Parent's Template – Individual Healthcare Plan for allergy
Name:
Date of birth:
Year / class:
Emergency contacts:
Staff who need to be aware:
1.Allergy: ***Note what allergy the child or young person has.***
2.How the allergy is managed:
3.Impact on education:
4.Arrangements for support:
5.Visits and trips:

6.Emergency response:

In the case of an emergency and your child (with a known allergy) is displaying one or more symptoms of anaphylaxis

- Persistent cough
- Throat tightness
- Change in voice, e.g. hoarse or croaky sounds
- Wheeze (whistling noise due to a narrowed airway)
- Difficulty swallowing/speaking
- Swollen tongue
- Difficult or noisy breathing
- Chest tightness
- Feeling dizzy or feint
- Suddenly becoming sleepy, unconscious or collapsing

For infants and younger pupils, becoming pale or floppy

The Emergency AAI (Auto Adrenaline Injector) will be administered without seeking advice from a Health Care Professional. 999 will also be called.

Parent Signature:	
Last communicated with parents:	**Date**
Issued by:	**Date**:
Next planned review:	**Date**:

NAME – Individual Healthcare Plan for allergy Annex: Medication needed while in school	
Non-prescription medication: *Record any <u>non</u>-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Parental consent:	**Date**:
Prescription medication: *Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Prescribed by:	**Date**:
Parental consent:	**Date**:
Use of "spare" adrenaline devices: *Note whether parental consent has been given to administer adrenaline (e.g. using "spare" adrenaline devices) in an emergency.*	
Parental consent:	**Date**:
Use of emergency reliever inhaler can be used in accordance with your AAI (Auto adrenaline injector) Health care plan.	
Parental consent:	**Date**:
NAME – Individual Healthcare Plan for allergy **Annex: Care or Action Plans issued by healthcare professionals**	
Allergy Plan: *Attach any Action Plan to the IHP for use in an emergency.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Issued by:	**Date**:
Care Plan: *Note where any relevant care plan can be found.* *Note what staff are responsible for delivering / supporting delivery of the care plan.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Date:	**Date**:

EXAMPLE

NAME – Individual Healthcare Plan for allergy Annex: Medication needed while in school	
Non-prescription medication:	
Parental consent:	**Date**:
Prescription medication:	
Prescribed by:	**Date**:
Parental consent:	**Date**:
Use of "spare" adrenaline devices:	
Parental consent:	**Date**:
Use of emergency reliever inhaler can be used in accordance with your AAI (Auto adrenaline injector) Health care plan.	
Parental consent:	**Date**:

NAME – Individual Healthcare Plan for allergy Annex: Care or Action Plans issued by healthcare professionals	
Allergy Plan:	
Issued by:	**Date**:
Care Plan:	
Date:	**Date**:

Ladygrove Primary School and Nursery
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Shropshire
TF4 2LF

Tel: 01952 388370
Email: A2168@taw.org.uk
Website:http://ladygroveprimary.co.uk

Headteacher: Joanne Weichlbauer Bed(Hons)NPQH
Deputy Headteacher: Kirsty Stewart (NPQH)
School Business Manager: Selina Mahy

Dear Parent/Carer,

Re: Your child's allergy information

According to our records, your child has an allergy. To help us keep their information up to date and support them safely in school, please complete an allergy form and return it to the school office as soon as possible.

Please include details of your child's allergy, any symptoms they may experience, and any prescribed medication or care plan. This will help us understand the support and precautions your child needs during the school day, including mealtimes and school activities.

If our records are incorrect or your child's allergy information has changed, please let the school office know so we can update their details. Please also notify us of any future changes.

Thank you for your cooperation and for helping us keep your child safe. If you need a copy of the form or help completing it, please contact the school office.

Yours sincerely,

Mrs J Weiclbauer

Headteacher

Appendix B: Signs and Symptoms of an allergic reaction

Signs and symptoms of an allergic reaction

The signs and symptoms of an allergic reaction can vary from person to person and can range from mild to severe. However, there are some common things to look out for. Usually, symptoms will occur rapidly after a person has been exposed to an allergen.

ANAPHYLAXIS

Anaphylaxis is a severe allergic reaction which must be recognised quickly. **When checking for anaphylaxis, remember the ABC acronym:**

A



Airway

Does the person have a persistent cough, a hoarse voice, difficulty swallowing or a swollen tongue?

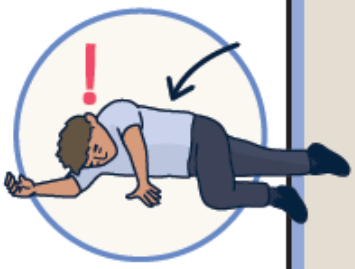
B



Breathing

Is the person experiencing difficult or noisy breathing? Do they have a persistent cough or wheeze?

C



Circulation

Has the person become persistently dizzy, pale, floppy or suddenly sleepy? Have they collapsed or become unconscious?

If a child shows one or more of the ABC signs, they will need immediate treatment with an adrenaline auto-injector (AAI) and someone must ring 999.

Other signs and symptoms of an allergic reaction:

- An itchy, tingling mouth
- A mild tightness of the throat
- A red, itchy rash (hives)
- Swelling of the lips, eyes or other parts of the face
- Abdominal pain
- Nausea and/or vomiting

Anyone showing signs of an allergic reaction must be monitored closely and parents/ carers must be informed.

Appendix C: Running an anaphylaxis drill

Running an anaphylaxis drill

Running regular anaphylaxis drills helps ensure staff know exactly what to do in an emergency and can respond quickly, calmly and confidently.



An anaphylaxis drill helps schools to:

- ✔ **Prepare staff for real emergencies** - practising emergency procedures helps staff recognise symptoms quickly and respond without delay.
- ✔ **Build confidence and competence** - rehearsing the use of adrenaline devices helps staff feel more confident in carrying out their roles in real incidents.
- ✔ **Improve communication and teamwork** - drills clarify who calls emergency services, who retrieves medication, who stays with the pupil and who supports other pupils.
- ✔ **Test school procedures and equipment** - drills help identify gaps in allergy management plans, communication systems or medication access before a real emergency occurs.
- ✔ **Support compliance with school policies and guidance** - regular practice demonstrates that the school is taking reasonable steps to protect pupils with allergies and maintain a safe environment.
- ✔ **Reduce anxiety for pupils, parents and staff** - knowing there is a clear, practised emergency response helps create a safer and more reassuring school culture.

How to run an anaphylaxis drill

The following two slides outline a step by step guide to running an anaphylaxis drill.

Step 1: Plan the drill

Decide **when** the drill will happen, **which staff members** will participate, whether it will be **announced or unannounced** and **what type of scenario** will be practised (for example, an allergic reaction in the classroom, dining hall or playground). You should ensure the scenario is realistic and appropriate for staff experience levels.

Step 2: Review emergency procedures

Before starting the drill, ensure staff know how to **recognise the signs of anaphylaxis**, where **emergency medication is stored**, how to **use AAIs**, who is responsible for **calling 999** and how to **access pupils' allergy care plans.**

Step 3: Set up the scenario

Create a simple **mock situation**, for example, 'a pupil begins to show signs of an allergic reaction after lunchtime. They are struggling to breathe and are developing swelling around the face.' Use a training adrenaline auto-injector if available.

How to run an anaphylaxis drill

Step 4: Run the drill

Ask staff to respond exactly as they would in a real emergency. Key actions should include recognising the symptoms, calling for help, retrieving the correct medication, performing a mock administration of medication (such as an AAI, using a training device if available), performing a mock 999 call, monitoring and reassuring the pupil and following the school's emergency procedures.

Observe how quickly and effectively the team responds.

Step 5: Debrief afterwards

After the drill, you should discuss what went well, any delays or confusion, how well staff knew their roles, whether medication was accessible and any improvements needed to procedures or training.

Encouraging open discussion allows staff to learn from the process.

Step 6: Record and review

Keep a record of the date of the drill, staff involved, the scenario used and any actions identified for improvement.

Appendix D: Risk Assessment

Ladygrove Primary School and Nursery

Allergen and Anaphylaxis Risk Assessment

Assessment area	Whole school, Nursery, breakfast club, after-school provision and off-site activities	**Assessor**	Selina Mahy
Date completed	September 2026	**Review date**	September 2027
Approved by	Kirsty Stewart	**Related policies**	Allergen and Anaphylaxis Policy; EYFS Safer Eating Policy; Supporting Pupils with Medical Conditions Policy; First Aid Policy
Review triggers	Annual review; new diagnosis; change in provision; incident or near miss; change in guidance	**Applies to**	Pupils, staff, volunteers, visitors, contractors and catering staff

Purpose: To control foreseeable risks arising from eating, food preparation, choking, allergens, anaphylaxis and planned or incidental contact with animals. This whole-setting assessment does not replace an individual healthcare plan, Allergy Action Plan, pupil-specific risk assessment or activity-specific animal risk assessment where required.

Risk assessment

Hazard and possible harm	Who may be harmed	Existing control measures	Further action required	Responsible person
1. Known food allergen exposure	Pupils or staff with diagnosed allergies	Maintain an up-to-date allergy register. Obtain medical information and an individual healthcare plan/Allergy Action Plan where required. Share need-to-know information with relevant staff and catering. Check ingredients and allergen information before food is provided.	Confirm all plans, emergency contacts and medication at least annually and after any change.	KJ, KS, SM, LE
2. Cross-contamination during preparation or service	People with food allergies	Catering procedures and the Food Allergen Matrix are followed. Work surfaces, equipment and utensils are cleaned. Approved recipes/products are used. Ingredient substitutions are checked before service. Separate equipment or preparation arrangements are used where the individual assessment requires them.	Obtain written confirmation of catering allergen controls and review following menu or supplier changes.	Telford and Wrekin Catering
3. Food sharing or swapping	Pupils with allergies; younger children	Children are instructed not to share or swap food, drinks, bottles, cutlery or utensils. Eating is actively supervised, with closer supervision in Nursery and EYFS.	Reinforce expectations with pupils, parents and lunchtime staff each term.	All Staff
4. Packed lunches and food brought from home	Pupils and staff with allergies	No food sharing. Staff know which pupils have significant allergies. Individual seating or other controls are used only where identified as necessary and proportionate. Food of uncertain suitability is not given to an allergic child.	Communicate safe packed-lunch expectations without describing the setting as allergen-free.	All Staff
5. Unsafe eating environment or inadequate supervision	All pupils, especially babies and young children	Children sit upright and are appropriately seated while eating. A calm environment is maintained. Staff supervise throughout and do not leave young children eating unattended. Food is not eaten while walking, running or playing.	Ensure staffing arrangements cover the full mealtime, including late eaters and transitions.	Lunchtime Supervisors

Hazard and possible harm	Who may be harmed	Existing control measures	Further action required	Responsible person
6. Food size, texture or consistency creates choking risk	All pupils, especially Nursery/EYFS and pupils with additional needs	Food is prepared and cut appropriately for age and need. Whole grapes, cherry tomatoes and similar round foods are cut lengthways into quarters where appropriate. Hard, round or difficult-to-chew foods are avoided or adapted. Individual feeding advice is followed.	Complete pupil-specific assessment and seek professional advice for swallowing, oral-motor or feeding concerns.	All Staff
7. Choking or airway obstruction	Anyone eating	Appropriately trained staff are available. Staff distinguish choking from gagging, follow current first-aid procedures, summon help and call 999 when required. First-aid provision and emergency access arrangements are maintained.	Check practical choking-response training and emergency-call arrangements annually. Record and review every choking incident.	All Staff
8. Mild or moderate allergic reaction progresses	People with known or unknown allergies	Staff recognise early symptoms and follow the individual Allergy Action Plan. The person is supervised continuously. Prescribed medication is accessible and parents/emergency contacts are informed in accordance with the plan.	Include symptoms and response in annual staff training and induction.	All Staff
9. Anaphylaxis	Anyone experiencing a severe allergic reaction	Administer the prescribed adrenaline auto-injector without delay in line with the emergency plan. Call 999 and state “ANAPHYLAXIS”. Keep the person under continuous observation; do not allow them to stand or walk. Give a second dose after 5 minutes if symptoms persist and a second device is available, following current emergency guidance. Contact parents/emergency contact.	Display emergency instructions discreetly in relevant locations and test emergency communication arrangements.	All Staff
10. Adrenaline auto-injector unavailable, inaccessible or expired	People at risk of anaphylaxis	Prescribed AAIs are clearly labelled, readily accessible and not locked away. Storage follows manufacturer instructions. Expiry dates and condition are checked routinely. A	Keep a documented monthly check and replacement reminder system. Ensure	All Staff

Hazard and possible harm	Who may be harmed	Existing control measures	Further action required	Responsible person
		spare emergency AAI is held and used only in accordance with legal requirements, policy and parental consent arrangements.	devices accompany pupils off site.	
11. Previously undiagnosed allergy	All pupils, staff and visitors	All staff receive awareness training and know that anaphylaxis can occur without a previous diagnosis. Emergency first-aid and 999 procedures are followed.	Include unknown allergy scenarios in training and drills/tabletop exercises.	All Staff
12. Snacks, milk, breakfast club or after-school food	Pupils and staff using extended provision	The same allergy, hygiene, supervision and choking controls apply outside lunchtime. Club leaders have access to current allergy information, plans and medication.	Include extended-services staff in training, briefings and medication checks.	All Staff
13. Parties, celebrations, fundraising and external food	Pupils, staff and visitors	Food is not provided to an allergic pupil unless ingredients and suitability are confirmed. Organisers provide allergen information. Parents are consulted where necessary. Homemade or unlabelled foods are managed cautiously.	Add an allergen check to event-planning forms and parent communications.	All Staff
14. Cooking, baking, sensory play or food curriculum activities	Pupils and staff with allergies	Check the allergy register and ingredients before the activity. Use suitable substitutions. Prevent cross-contamination. Supervise closely and clean hands, surfaces and equipment. Check play dough and sensory materials for food allergens.	Include an allergy prompt in lesson/activity risk-assessment planning.	All Staff
15. Allergy triggered by animals, fur, feathers, saliva, dander, bedding or animal feed	Pupils, staff, volunteers and visitors with relevant allergies	Known animal-related allergies are recorded and considered before contact. Parents/carers and affected staff are consulted. Direct contact is avoided where required. Suitable medication is accessible. Animal bedding, hay, straw and feed are stored and handled to minimise exposure.	Complete an individual assessment for severe animal, airborne or contact allergy. Confirm controls before animals enter the setting.	All Staff

Hazard and possible harm	Who may be harmed	Existing control measures	Further action required	Responsible person
16. Bites, scratches, kicks or other injury from an animal	Anyone handling or approaching animals	Only suitable animals from reputable providers are used. A competent adult supervises all contact. Children receive clear instructions, approach calmly and do not handle animals unsupervised. Contact stops if the animal shows signs that handling should cease. First-aid arrangements are available.	Obtain the provider's risk assessment, insurance and handling rules. Record and review any injury or near miss.	First Aiders
17. Infection or zoonotic disease from animals, faeces, bedding, soil or contaminated surfaces	Pupils and staff, especially young children, pregnant staff and people with reduced immunity	Hands are washed with soap and water after animal contact and before eating. Eating and drinking are separated from animal-contact areas. Faeces, waste and contaminated bedding are removed safely by an adult. Surfaces and equipment are cleaned. Cuts are covered.	Use activity-specific controls for farms, petting zoos, chicks, reptiles or other higher-risk contact. Seek public-health advice following suspected infection or an outbreak.	Trip Leaders
18. Animal feed, medication, equipment or waste causes contamination, allergy or accidental ingestion	Pupils, staff and visitors	Animal feed, medicines, cleaning products and waste are clearly labelled, securely stored and kept away from food and pupil-accessible areas. Children do not eat animal feed. Equipment is dedicated to animal use and cleaned appropriately.	Add storage and disposal checks to routine premises inspections.	Trip Leaders
19. Animal contact during visits, visitors to school or curriculum activities is not adequately planned	Pupils, staff and visitors	An activity-specific assessment is completed. The provider's controls, public liability insurance and hygiene arrangements are checked. Medical, allergy, SEND and behavioural needs are considered. Adequate supervision, handwashing facilities and emergency arrangements are confirmed.	Name the responsible adult and brief pupils and staff before each activity. Obtain parent/carer information or consent where required by school procedure.	Trip Leaders

Hazard and possible harm	Who may be harmed	Existing control measures	Further action required	Responsible person
16. Educational visits, sport and off-site activities	Pupils and staff with allergies or eating needs	Trip risk assessments identify allergy, eating and choking controls. Trained staff, emergency contacts, plans and medication accompany the group. Venues and food providers are informed and suitability is checked.	Name the responsible trained adult on each visit and verify medication before departure.	Trip Leads
17. Supply, agency, new staff, volunteers or contractors are unaware	People with allergies or additional eating needs	Induction and daily briefings cover relevant allergy, eating and emergency information on a need-to-know basis. Staff know how to summon help and access plans and medication.	Introduce a signed briefing record for temporary staff working with affected pupils.	KS, SM
18. Information is inaccurate or not updated	People with allergies or eating needs	Parents/carers are asked to report changes promptly. School records, plans, photographs where consented, emergency contacts and medication details are reviewed. Changes are communicated to relevant teams.	Nominate a lead to audit records termly and after admission or diagnosis.	KJ, KS, SM, LE
19. Staff allergies or medical needs are not considered	Staff, volunteers and contractors	Staff are encouraged to disclose relevant medical needs through appropriate confidential processes. Individual workplace controls and emergency arrangements are agreed where required.	Offer individual occupational-health/risk review where the condition affects work activities.	KS, SM
24. Poor hygiene or contaminated eating surfaces	All pupils and staff	Handwashing is encouraged before eating and after relevant activities. Tables are cleaned before and after meals. Spillages are addressed promptly. Food storage temperatures and use-by instructions are followed by responsible providers.	Monitor cleaning and hand-hygiene arrangements, especially in Nursery and clubs.	All staff

Hazard and possible harm	Who may be harmed	Existing control measures	Further action required	Responsible person
25. Incident, near miss or use of an AAI is not reviewed	Whole setting	All incidents and near misses are recorded, reported to leaders and parents as appropriate, and investigated. Individual plans and this assessment are updated. Used AAIs are handed to ambulance staff or disposed of as directed.	Use a standard post-incident review form and report trends to governors.	KJ, KS, SM, LE
26. Training lapses or inconsistent practice	Whole setting	All staff receive allergy and anaphylaxis awareness training, with role-specific first-aid/choking training. Induction and refresher arrangements are in place. Training records are retained.	Review training matrix termly and schedule annual refresher training.	KS , SM

Emergency prompts

- Anaphylaxis: give the adrenaline auto-injector without delay, call 999 and say “ANAPHYLAXIS”, follow the individual emergency plan and do not leave the person alone.
- Choking: follow current first-aid procedures, summon an appropriately trained first aider and call 999 when required.
- After any serious incident or near miss: preserve relevant information, inform leaders and parents/carers as applicable, record the event and review controls before provision resumes.