



Allergy and Anaphylaxis Policy

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Linked to policies:

- Supporting Children with Medical Needs
- Complaints policy
- Data Protection policy

Signed:

A handwritten signature in blue ink, appearing to read "S. Day".

Version Control

Version	Date of review/change(s)	Page and paragraphs affected	Summary of update
New policy	January 2026		

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Advisor for Allergies: Mr Tim Buddle, Advisory Board
SLT member for allergies: Miss Karla King, Operations Manager

1. Introduction

A severe allergic reaction can cause risk to life but even a mild to moderate reaction or near-miss can have widespread consequences.

Having this Allergy and Anaphylaxis Policy ensures everyone at All Saints School:

- is clear on procedures.
- understands their responsibility for reducing the risk of allergic reactions happening.
- knows how to respond appropriately if an allergic reaction occurs.

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more serious reaction called anaphylaxis.

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

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

It is possible to be allergic to anything which contains a protein; however most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to):

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

This policy sets out how All Saints School will support students with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2. Role and responsibilities

All parents

All parents and carers (whether their child has an allergy or not) are responsible for:

- Being aware of and understanding the School's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of students with allergies.
- Providing the school with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, hay fever, rhinitis or eczema.
- Considering and adhering to any food restrictions or guidance the School has in place when providing food, for example in packed lunches, as snacks or for fundraising events.
- Refraining from telling the School their child has an allergy or intolerance if this is a preference or dietary choice.
- Encouraging their child to be allergy aware.
- Informing School of any religious dietary requirements.

Responsibilities of parents and carers of a child with an allergy

- On entry to the school, it is the parent's responsibility to inform reception staff and/or SENCO of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan ([BSACI plans](#) preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. School nurse/GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and with the necessary parental agreement(s), and replaced as necessary.
- If this is not provided, parents/carers will be called to collect the student, for their own safety and will not be able to return to school until the correct medication and documentation is in place.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.
- If the student travels to and from school by taxi transport, an additional kit of x2 AAIs and any additional medication must be supplied, in a clearly marked medical bag, to accompany the student whilst in the taxi to/from school. This medication will be handed to staff on arrival for safe storage then returned to the student/taxi driver on leaving school at the end of the day.
- If an Allergy Plan and appropriate medication has not been provided by the student's health care professional, this will be recorded as an 'intolerance'. Information will need to be provided by the parent/carer as to the triggers and consequences of any food intolerances.

Staff Responsibilities

- All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff must be aware of the students in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all students with medical conditions, including allergies, carry their medication. Students unable to produce their required medication will not be able to attend the excursion.
- Operations Manager and SENCO will ensure that the up-to-date Allergy Action Plan is kept with the student's medication.
- It is the parent's responsibility to ensure all medication is in date; however the School secretaries will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The school secretary keeps a register of students who have been prescribed an adrenaline auto-injector (AAI). A record of use of any AAI(s) and emergency treatment given will be logged on CPOMS.
- All staff will ensure that their own hands are washed and that areas are kept clean to prevent contamination.

All Students

All age-appropriate students at the School should:

- Be allergy aware.
- Understand the risks allergens might pose to their peers.
- Learn how they can support their peers and be alert to allergy-related bullying.
- (Older students) learn how to recognise and respond to an allergic reaction and to support their peers and staff in case of an emergency.
- If students are likely to be buying or bringing in food from home and are old enough to check the ingredients, they must adhere to food restrictions and not bring in any food items that contain nuts and any other known allergens that may affect a student(s) in school.
- Wash their hands before and after eating.
- Ensure that they do not share, swap or throw food.

Student with Allergies

In addition to the points above, age-appropriate students with allergies are responsible for:

- Knowing what their allergies are and how to mitigate personal risk.
- Avoiding their allergen as best as they can.
- Understanding that they should notify a member of staff if they are not feeling well or suspect they might be having an allergic reaction.
- Carrying two AAIs with them at all times. They must only use them for their intended purpose.
- Understand how and when to use their AAI.
- Talking to a member of staff if they are concerned by any School processes or systems related to their allergy.
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies.

3. Allergy Action Plans (see appendix one for example)

Allergy action plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline autoinjector.

All Saints School recommends using the British Society of Allergy and Clinical Immunology ([BSACI Allergy Action Plans](#)) to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.

It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school.

4. Emergency Treatment and Management of Anaphylaxis

What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- ❖ a red raised rash (known as hives or urticaria) anywhere on the body
- ❖ a tingling or itchy feeling in the mouth

- ❖ swelling of lips, face or eyes
- ❖ stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).

BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.

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

The term for this more 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.

If the student has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

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

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

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

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All students must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

5. Supply, storage and care of medication

Depending on their level of understanding and competence, students will be encouraged to take responsibility for and to always carry their own two AAIs on them (in a suitable bag/container).

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept safely, not locked away and accessible to all staff. This bag will move with the student, and a designated member of staff will be responsible for this. For some students a second bag with identical contents to the first bag will be created and will travel with them in the taxi.

Medication should be stored in the bag and always carried with the student or a member of staff or stored in a suitable and clearly labelled with the student's name. The student's medication storage container should contain:

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

It is the responsibility of the child's parents/carers to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the school secretary will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time.

Older children and medication

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

Storage

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a sharps bin. The sharps bin is kept in the medical room.

6. 'Spare' adrenaline auto-injectors in school

All Saints School has purchased spare **AAIs for emergency use in children who are risk of anaphylaxis**, but their own devices are not available or not working (e.g. because they are out of date).

These are stored in a clear pouch with a black zip, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff**.

All Saints School holds one spare pen which is kept in the medications drawer in the school office. The school secretary is responsible for checking the spare medication is in date every term and to replace as needed.

Written parental permission for use of the spare AAI is included in the student's allergy action plan.

If anaphylaxis is suspected **in an undiagnosed individual** call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.

7. Staff Training

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

Tracey Buchan – School Secretary

Karla King – Operations Manager

All staff will complete online AllergyWise anaphylaxis training at the start of every new academic year. Training is also available on an ad-hoc basis for any new members of staff.

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Managing allergy action plans and ensuring these are up to date
- A practical session using trainer devices (these can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk and www.emerade-bausch.co.uk)

8. Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

At All Saints School we do not provide school meals for students other than a cold packed lunch for those students entitled for free school meals. The school secretary will inform the catering staff of students with food allergies and ensure that food items that may cause a reaction to student with an allergy in their class is not included in the lunch boxes being made up. A photograph and first name of every student with an allergy will be displayed in the staff kitchen and school kitchen area*.

****for GDPR/privacy purposes, this will be concealed from general view as students use the house kitchen on occasions. It will however be immediately accessible to any staff who are preparing food.***

The school adheres to the following [Department of Health guidance](#) recommendations:

- Bottles, other drinks and lunch boxes provided by parents for students with food allergies should be clearly labelled with the name of the child for whom they are intended.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Headteacher.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

9. School Trips, sporting excursions and off-site activities

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all students with medical conditions, including allergies, carry their medication.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic students and alternative activities planned to ensure inclusion.

Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

Sporting Excursions

Students with allergies children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

10. Allergy awareness and nut bans

All Saints School supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect students, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, students and all other staff are aware of what allergies are, the importance of avoiding the students'

allergens, the signs and symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

Food brought into School

The guidance around Natasha's Law normally applies to registered food businesses that produce prepacked direct sale food. If staff / students are bringing in unwrapped cakes to celebrate birthdays or students are wishing to bring in cakes for a charity event, it is not a requirement to provide information for consumers about allergens present in the food ingredients.

However, it is obviously best practice for anybody bringing in or involved in these events to have good knowledge on the ingredients of what is being served, so people can make a safe choice. Any external hirers of School facilities cannot, without prior written consent, provide their own catering or refreshments.

Foods to avoid or restrictions

Banning foods is almost impossible to enforce but can lead to a sense of complacency or give a false sense of security. Reminding everyone to be allergy aware and to remain vigilant is vital. It is also important not to give the impression of one allergen being more dangerous than others.

Insect Stings

Students with a known insect venom allergy should:

- Avoid walking around in bare feet or sandals when outside and when possible, keep arms and legs covered.
- Avoid wearing strong perfumes or cosmetics.
- Keep food and drink covered.

Staff will take and be responsible for all AAIs/ antihistamine medication relating to the students they are taking offsite.

Two members of staff (at least one being a first aider) will administer AAI or other allergy medication as needed.

The Caretaker will monitor the grounds for wasp or bee nests. Students (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the school grounds and refrain from approaching the nest.

Animals

It is normally the dander (material shed from the body of humans and other animals that have fur, hair, or feathers) that causes a person with an animal allergy to react.

Precautions to limit the risk of an allergic reaction include:

- A student with a known animal allergy should avoid the animal they are allergic to
- If an animal comes on site, a risk assessment will be done prior to the visit.
- Areas visited by animals will be cleaned thoroughly.
- Anyone in contact with an animal will wash their hands after contact.
- If an animal lives in School accommodation, parents will be made aware and consideration and adaptations will be made.
- School trips that include visits to animals will be carefully risk assessed.

Allergic Rhinitis / Hay Fever

If a student is a sufferer, they may be prescribed an antihistamine which can be administered by the school staff (first aider).

11. Risk Assessment

All Saints School will conduct a detailed individual risk assessment for all new joining students with allergies and any students newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe. This information will be documented on their Positive Behaviour Management Plan.

12. Inclusion and Mental Health

Allergies can have a significant impact on mental health and wellbeing. Students may experience anxiety and depression and are more susceptible to bullying.

- No child with allergies should be excluded from taking part in a School activity, whether on the School premises or a School trip.
- Students with allergies may require additional wellbeing support (with consent of parent/carer).
- Affected students will be given consideration in advance of wider School discussions about allergy and School Allergy Awareness initiatives.
- Bullying related to allergy will be treated in line with the School's anti-bullying policy.

13. Inclusion and safeguarding

All Saints School is committed to ensuring that all children with medical conditions, including allergies, are properly supported in school in terms of both physical and mental health, so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

14. Compliance and Monitoring arrangements

This policy will be subject to a thorough and regular review process; this will ensure that practice across whole School is in line with this policy, the Complaints procedure and with current guidance and legislation.

15. Useful Links

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

Safer Schools Programme - <https://www.anaphylaxis.org.uk/education/saferschools-programme/>

AllergyWise for Schools online training - <https://www.allergywise.org.uk/p/allergywise-for-schools1>

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

Resources for managing allergies at school - <https://www.allergyuk.org/living-withan-allergy/at-school/>

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

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

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

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

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

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

Appendix one: Allergy Action Plan template (excluding student's details)

This child/young person has the following allergies:

Name: _____

DOB: _____

Mild/moderate reaction:

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

Action to take:




- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- Give antihistamine:
 Loratadine 5mg
 (If vomited, can repeat dose)
- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Watch for signs of ANAPHYLAXIS
 (a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN DIFFICULTY IN BREATHING**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice	• Wheeze or persistent cough	• Pale or floppy
• Difficulty swallowing		• Suddenly sleepy
• Swollen tongue		• Collapse/unconscious

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

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



- 2** Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
- 3** In a school with "spare" back-up adrenaline autoinjectors, **ADMINISTER** the **SPARE AUTOINJECTOR** if available
- 4** Stay with child/young person until ambulance arrives, do **NOT** stand them up
- 5** Phone parent/emergency contact. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
- 6** Commence CPR if there are no signs of life

***** IF IN DOUBT, GIVE ADRENALINE *****

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis. For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepenschools.uk

Emergency contact details:

1) Name: _____

2) Name: _____

Additional instructions:

If wheezy due to an allergic reaction, DIAL 999 and GIVE ADRENALINE using a "back-up" adrenaline autoinjector if available, then use asthma reliever (e.g. blue puffer) via spacer, if prescribed

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAls in schools.

Signed: _____
 Print name: _____
 Date: _____

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit: sparepenschools.uk

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This BSACI Action Plan for Allergic Reactions is for children and young people with mild food allergies, who need to avoid certain allergens. For children/young adults at risk of anaphylaxis and who have been prescribed an adrenaline autoinjector device, there are BSACI Action Plans which include instructions for adrenaline autoinjectors. These can be downloaded at bsaci.org

For further information, consult NICE Clinical Guidance CG116 Food allergy in children and young people at guidance.nice.org.uk/CG116

This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a "spare" back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. The healthcare professional named below confirms that there are no medical contra-indications to the above-named child being administered an adrenaline autoinjector by school staff in an emergency. **This plan has been prepared by:**

Sign & print name: _____
 Hospital/Clinic: _____
 Date: _____