Allergy and Anaphylaxis Policy

Chair of Governors / Committee Signature

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Date November 2026

To be reviewed Autumn 2027

Article 24
Children have the right to the best health care possible, safe water to drink, nutritious food, a clean and safe environment, and information to help (them) stay well.

Allergy and Anaphylaxis Policy

1. Purpose and scope

Wormholt Park Primary School is committed to keeping children with allergies safe, included and able to participate fully in school life. This policy applies to all staff, pupils, families, visitors, contractors and providers of school activities, including breakfast and after-school clubs. It should be read alongside the school's Supporting Pupils with Medical Conditions, First Aid, Educational Visits, Safeguarding, Inclusion and Anti-Bullying policies. An allergy is an immune reaction to a substance (allergen); anaphylaxis is a potentially life-threatening allergic reaction requiring immediate emergency treatment. Common triggers include foods, insect stings, medicines, latex and animals.

2. Responsibilities

The governing body and headteacher are accountable for implementation. A named member of the senior leadership team serves as Designated Allergy Lead, coordinating the policy, training, risk management, emergency provision, incident learning and annual drills. The school office/medical lead maintains the allergy register, medication and expiry records, and liaison with families and caterers. All staff, including supply and agency staff, lunchtime supervisors, catering staff, peripatetic staff, regular volunteers, coaches and club providers, must know how to identify affected pupils, access relevant plans and medication, and respond promptly. Parents/carers should share information about suspected or diagnosed allergies, provide updated clinical advice and prescribed medication, and report changes. Pupils are supported to understand allergies, avoid food sharing and tell an adult promptly if unwell.

3. Records and individual plans

The school maintains a confidential but appropriately accessible register of pupils with known or suspected allergies, including those without prescribed adrenaline. Information is collected on admission, updated when circumstances change, and shared on a need-to-know basis with staff, caterers, club providers and visit leaders. An Individual Healthcare Plan (IHP) is prepared where allergy creates a risk of harm or functional impact requiring additional or different support; a formal diagnosis is not a prerequisite for considering support. The school develops the IHP with parents/carers and, where appropriate, the pupil and healthcare professionals. It sets out triggers, prevention, reasonable adjustments, responsibilities, access to medication, emergency arrangements and participation in school life. Any clinician-issued Allergy Action Plan or Asthma Action Plan is attached and followed, not rewritten as clinical instructions. IHPs are reviewed at least annually and promptly after a significant change, serious incident or near miss. Arrangements are checked before activities involving food and during transitions between classes or schools.

4. Prevention, food and everyday activities

The school promotes an allergy-aware environment and does not claim to be allergen-free. Risks are assessed in meals, packed lunches, snacks, cooking, art, celebrations, curriculum activities, breakfast and after-school clubs and special events. Catering staff must have accurate dietary information, check ingredients and labels (including substitutions), prevent cross-contact through preparation, serving, equipment and cleaning

arrangements, and provide safe alternatives for allergens both within and beyond the 14 regulated allergens. Staff must not assume food is safe without checking. Families are asked to follow school food guidance; the school discourages peanuts and tree nuts but recognises that other allergens may be equally serious and that blanket bans cannot guarantee safety. Food sharing, swapping and throwing are not permitted; handwashing before and after eating and labelled food containers are encouraged. Adults supervise younger pupils and check the correct meal reaches the correct child. Risk assessments also consider insect stings, medicines, latex, visiting animals, outdoor learning and other known triggers. Allergy-related anxiety, exclusion and bullying are addressed sensitively.

5. Trips, clubs and inclusion

Allergies must be included in risk assessments for visits, sports, performances, clubs and other activities on or off site. Leaders must check plans, safe food arrangements, staff competence and access to medication before departure. A child prescribed adrenaline must have an in-date device available on the trip; they must remain close to the child, never in coach luggage or inaccessible storage. Staff carry the child's emergency plan and consider taking school spare devices where appropriate. No child should be excluded from an activity simply because of an allergy: reasonable adjustments and discussions with families should enable safe participation. Staff respond to allergy-related anxiety or bullying in line with school policies.

6. Medication and adrenaline devices

Parents/carers of pupils prescribed adrenaline are asked to provide two labelled, in-date devices, with the clinical Allergy Action Plan and any other prescribed medication. The school records device brand, dose, location and expiry date, checks supplies routinely and requests replacements promptly. Emergency medication must be immediately accessible, never locked away, and stored in accordance with the manufacturer's instructions, protected from heat and direct sunlight. The school will maintain suitable spare adrenaline auto-injectors in pairs, with doses selected according to the needs of its pupil population and current national guidance. Spare devices will be clearly labelled, stored separately from pupils' prescribed devices, and positioned so an appropriate device can reach a pupil promptly, with an operational aim of within five minutes. The Medical Lead records stock, locations, access, checking and replacement arrangements. Spare devices are used only in accordance with applicable law and current DfE emergency guidance; staff must not delay urgent treatment while seeking consent. Used injectors are handled and disposed of safely as sharps. Exact stock and locations must be confirmed before approval.

7. Emergency response: suspected anaphylaxis

Recognise warning signs: breathing difficulty, persistent cough, wheeze, hoarse voice, swollen tongue or throat, difficulty swallowing, collapse, unusual drowsiness or becoming floppy. Skin signs may be absent. If anaphylaxis is suspected, ACT IMMEDIATELY:

1. Give adrenaline promptly into the outer thigh using the child's prescribed device, following their Allergy Action Plan and the device instructions. Do not delay for antihistamines. If their device is unavailable, use an appropriate school spare device in line with emergency guidance.

2. Call 999, state "anaphylaxis", give the school location and request an ambulance. Send another adult to collect additional medication and contact parents/carers.

3. Keep the child lying flat with legs raised if tolerated. If breathing is difficult, allow them to sit with legs outstretched; if unconscious and breathing, use the recovery position. Never allow them to stand or walk.

4. If symptoms have not improved after five minutes, administer a second adrenaline dose using another device. Follow the emergency operator's instructions; start CPR if the child is not breathing normally.

5. Remain with the child and monitor continuously until ambulance staff take over. Hospital assessment is required even if the child improves. A staff member should accompany the child until a parent/carer arrives.

For a milder reaction, follow the child's Allergy Action Plan, observe closely and escalate immediately if symptoms progress. If the child has no known allergy or prescribed device, call 999 and follow emergency instructions; do not delay emergency treatment.

8. Training, incidents and review

All adults present when pupils are on site, including teaching and support staff, catering staff, supply/agency staff, peripatetic staff and regular volunteers, receive appropriate allergy-awareness training at induction and at least annually thereafter. Training covers allergy, intolerance and coeliac disease; recognition of mild reactions and anaphylaxis (which may occur without skin symptoms); prevention and cross-contact; food labels; pupil plans; location and correct use of prescribed and spare adrenaline devices; calling 999; positioning and follow-up; and incident reporting. First-aid training alone does not replace allergy-specific training. Competence and attendance are recorded, with additional practical training for staff likely to administer medication. The school conducts and records at least one simulated anaphylaxis drill each year, with actions followed up. All reactions, serious incidents and near misses are documented, parents informed and causes reviewed by the Designated Allergy Lead; safeguarding and statutory reporting duties, including RIDDOR where applicable, are considered. The governing body reviews this policy at least annually and after a serious incident or material guidance change, consulting affected pupils, families and staff where appropriate. The policy is published on the school website, made known to the school community and brought to the attention of pupils, parents and everyone working at school at least annually. Asthma is managed alongside allergies because poorly controlled asthma can increase risk.

Implementation details to confirm before approval

Named SLT Designated Allergy Lead: Anika Hargie Medical/office lead: Sharon Webster

Location(s) of pupils' medication: Medical Bag in Classrooms

Spare AAIs (pairs, brand, dose, locations, expiry-check owner): X2, EpiPen, 0.15mg, Medical Drawer in school office, Expiry Oct 2027

Emergency response arrangements / who meets ambulance: SLT, Site Care, Office Staff

All-staff allergy training date / completion record: September 2026 Annual drill date: Spring 2027

Approved by governors: _____ Next review: _____