



Start children off on the way they should go, and even when they are old they will not turn from it.”

Proverbs 22:6

ALLERGY & ANAPHYLAXIS POLICY

To be read in conjunction with the Medical Policy

Adopted	September 2026
Committee	Headteacher
Review Date	September 2027
The scope of this policy is for anyone who attends or visits Forsbrook CE Primary School and Nursery	

We are a Christian school where quality and opportunities make a difference. We value all children as unique ‘Children of God’ and nurture each other to show **LOVE** in our relationships and a **RESPECT** for all. We foster **HOPE** within our community and encourage children to find **PEACE** by creating times and places for stillness and reflection. We strive for excellence, inspiring dreams both now and in the future. We promote **POSITIVITY**, celebrate **COURAGE**, demonstrate **RESPONSIBILITY** and share **JOY** through...

‘Learning, loving, laughing in the light of Jesus’.

ALLERGY AND ANAPHYLAXIS POLICY – Forsbrook CE Primary School & Nursery

Emergency steps for anaphylaxis (quick reference for staff)

Recognise signs → call for help → administer AAI → call 999 → place in recovery position if needed → inform parents → record incident.

We recognise the potentially serious consequences that may occur for children with allergies. These allergies may include a condition known as anaphylaxis. Anaphylaxis is a severe, potentially life-threatening allergic reaction brought on by exposure to certain foods or other substances. The foods most likely to cause allergic reactions are peanuts, tree nuts (walnuts, almonds, hazelnuts, Brazil nuts, pecans, cashews, pistachio nuts, pine nuts, macadamia nuts etc), dairy products, eggs, soy, wheat, fish and shellfish. Although most allergies produce symptoms that are uncomfortable, pupils with allergies to the above listed foods can suffer more serious consequences. Non-food items such as latex and bee stings can also bring about a life-threatening reaction.

Purpose

- To protect pupils, staff, visitors and volunteers at risk of anaphylaxis by preventing exposure to known allergens, ensuring timely recognition of allergic reactions, and ensuring prompt, effective treatment including administration of adrenaline (epinephrine) autoinjectors when required.
- To ensure compliance with statutory guidance (including the Department for Education's Allergy Safety in Schools guidance 2026), relevant health and safety and safeguarding legislation, and best practice from clinical bodies (e.g., BSACI, NHS).
- To embed an inclusive, compassionate culture in line with Forsbrook CE Primary School's Christian values of love, compassion, respect and care so that pupils with allergies are supported to participate fully and safely in school life.

Scope

Applies to all pupils, staff, governors, volunteers, contractors and visitors on school premises, during off-site visits, and during school-run activities.

Covers food allergies, insect sting allergies and other triggers that can cause anaphylaxis.

Includes storage and use of prescribed and "spare" adrenaline autoinjectors and arrangements for asthma where relevant.

Definitions

Anaphylaxis: a severe, potentially life-threatening allergic reaction that may affect breathing and blood circulation.

Adrenaline autoinjector (AAI): a device (e.g., EpiPen, Jext, Emerade) containing a single dose of intramuscular adrenaline for emergency use.

Individual Healthcare Plan (IHP): a written plan documenting the arrangements to support a pupil with an ongoing medical condition including allergies and an Allergy Action Plan where applicable.

Roles and responsibilities

Governing Body

- Ensure the school has a clear, published anaphylaxis policy and adequate resources to implement it.
- Monitor compliance and annual review.

Headteacher / Senior Leader

- Overall responsibility for ensuring policy implementation, that staff receive training, and that IHPs are in place and reviewed.
- Ensure "spare" AAIs and storage arrangements meet guidance and legal requirements.
- Notify governors of serious incidents and near misses.

Designated First Aider(s) / Medical Lead

- Maintain IHPs, Allergy Action Plans and medical records; check expiry dates of medications; oversee storage and accessibility of AAIs; lead emergency response and training coordination.
- Record incidents and complete reporting processes.

Class teachers / Teaching Assistants / Support staff

- Know which pupils in their care have allergies; follow IHPs; reduce triggers during lessons, mealtimes and activities; administer AAls in an emergency if trained or in line with guidance.
- Participate in training and drills.

Office staff / Reception

- Ensure contact details for parents/carers and emergency services are up to date; know location of spare AAls and pupils' prescribed devices.

Parents and Carers

Inform school of a child's allergies and provide written medical evidence, Allergy Action Plan and prescribed AAls/inhalers. Keep school updated of any changes and ensure in-date medication is provided.

Pupils

Pupil responsibilities will be age-appropriate: complying with reasonable risk-reduction measures, learning to recognise and report symptoms, and not sharing food.

Contractors / Visitors / Providers of after-school activities

Must follow school policy and risk assessments. Visitors with known allergies should inform the school.

Identification

At admission and annually thereafter, parents/carers will be asked to declare allergies on medical/emergency contact forms. We will request a parental signature from all parents which will allow us to administer an emergency AAI, if needed and whilst waiting for medical help to arrive on site.

Individual Healthcare Plans (IHPs) and Allergy Action Plans

Any pupil requiring ongoing support must have an IHP completed with parents/carers and healthcare professionals as needed. IHPs will include:

- Details of allergy, triggers, typical signs and symptoms, severity.
- Emergency contact details.
- Location and administration instructions for prescribed AAls and any other medication.
- Preventative measures and arrangements for mealtimes, trips and extracurricular activities.
- Staff member(s) trained in administering AAls.
- Attach Allergy Action Plan or Asthma Plan as supplied by the healthcare professional.

Prevention and risk reduction**School meals and catering**

- Catering provider must record allergens in meals, provide ingredient information, and meet pupil-specific requirements.
- Meals served off-site (e.g., packed lunches) must be considered in planning; restricted foods for certain classes/activities should be risk-assessed and communicated clearly.

Classroom and activity adjustments

- Plan lessons and activities to avoid high-risk exposures and apply reasonable adjustments to enable participation.
- Curriculum planning should include safe practises for food-related lessons (e.g., DT, science).

Visits and trips

- Trip risk assessments to include allergy management, carrying prescribed AAls and location of spare AAls, supervision, emergency contacts and nearest A&E details.
- Ensure at least one trained adult with access to AAls is on every trip.

Storage, accessibility and spare AAls / inhalers and antihistamine

Prescribed AAls

- Pupils' own prescribed AAls should be stored as agreed in the IHP—usually in a readily accessible location known to trained staff (classroom, medical room, or with the pupil if age-appropriate).
- Parents must supply at least two in-date AAls where healthcare professionals advise.

Spare AAls, inhalers and antihistamine (school-stock)

- The school will maintain a small stock of spare AAls in line with DfE guidance and local NHS policy. We will also hold and administer an emergency salbutamol inhaler and antihistamine (age appropriate), if required or advised to by medical professionals. These will be kept in the medical room and may be used when:

A pupil's prescribed device is not available, in date, or not present.

An emergency where the identity of the individual is unknown but anaphylaxis is suspected.

Spare AAls will be kept in a clearly labelled unlocked safe location that staff can access promptly. Their location will be recorded in the IHP and office records.

A named member of staff will monitor expiry dates and arrange replacements.

Accessibility during off-site activities and out-of-hours provision

- Ensure spare/prescribed AAls are taken on trips and to after-school activities as appropriate.

Training and competence

Induction training

All new staff, volunteers and governors will receive basic allergy awareness and emergency response information during induction. This includes recognising anaphylaxis and how to call for help.

Annual/all-staff training

Annual whole-school allergy awareness training will be provided covering prevention, recognition, and immediate response to anaphylaxis and asthma where relevant. The training will be refreshed more frequently if guidance or risk changes.

Practical AAI administration training

Appropriate staff will receive face-to-face practical training on recognising anaphylaxis and administering AAls from a qualified clinician or trainer, with regular updates (at least annually or per local clinical advice) and competency checks. Records of individuals trained, dates and refresher timelines will be kept by the medical lead.

Simulated drills

The school should conduct allergy safety drills (similar to fire drills) to test response procedures. Drills will be recorded and debriefed. Where pupils are included (e.g., when a peer has severe allergy), they must be involved in planning to avoid distress.

Emergency procedures

Recognising anaphylaxis

Staff should be aware that anaphylaxis can present with variable signs including difficulty breathing, persistent cough, swelling of face/lips/tongue, widespread hives, sudden collapse or pale/clammy skin. Anaphylaxis can occur without skin rash.

Immediate response

If anaphylaxis is suspected:

- Stay with the person and call for help (use internal emergency procedures).

- Administer the AAI immediately (prescribed first; if not available, the school's spare device), following Allergy Action Plan and training.
- Call emergency services (999) immediately after administering adrenaline and inform ambulance that adrenaline has been given for suspected anaphylaxis.
- Lay the person flat with legs elevated unless breathing is difficult; if vomiting or having breathing difficulties, place in recovery position as appropriate.
- Do not attempt to transfer the child by private vehicle except in exceptional circumstances (record justification).
- Notify parents/carers immediately after emergency services have been called.
- Record the incident and the use of an AAI in the incident log and inform the governing body as required.

Post-incident actions

- Ensure pupil receives appropriate medical follow-up and update IHP accordingly.
- Debrief staff and, if appropriate, pupils who witnessed the event.
- Review the incident to identify improvements to policy, practice or training.
- Complete any required reporting (e.g., safeguarding records, HSE if required).

Recording, reporting and learning from incidents and near misses

Incident recording

All allergic reactions, use of AAI, and near misses must be recorded in the school's medical/incident log and in the pupil's file. Records should include date/time, symptoms, treatment administered, who administered it, emergency services attendance, and parental contact.

Near misses and learning review

Near misses must be reviewed by the senior lead and medical lead; changes to policy and practice should be made where lessons are learned. Consider conducting a multi-disciplinary review when serious incidents occur, including input from parents and healthcare professionals.

Confidentiality and information-sharing

Share essential information on a need-to-know basis to safeguard pupils (e.g., class staff, catering, trip leaders). Obtain consent from parents/carers to share medical information where necessary for safety planning. Keep medical records secure and in line with data protection policies.

Supporting inclusion and wellbeing

Ensure pupils with allergies are included fully in school life with reasonable adjustments recorded in their IHP. Support emotional wellbeing by reducing stigma or exclusion and by providing age-appropriate education to peers about allergies and respect.

Transport, transition and transfers

Ensure transition arrangements include sharing IHPs and emergency plans with receiving schools, preschool settings, or secondary schools.

Governance, monitoring and review

- This policy will be reviewed annually or sooner following a serious incident, change in legislation, or new clinical guidance.
- The named senior leader will report to governors annually on allergy safety, training completion rates, incidents and any policy changes.

Legal and statutory context

- This policy adheres to the Department for Education's Allergy Safety in Schools statutory guidance (2026), Equality Act 2010 (reasonable adjustments for disability), and other relevant health and safety and safeguarding legislation.
- Staff are protected when acting in good faith to save life (see emergency care guidance and Good Samaritan principles).

SYMPTOMS OF AN ALLERGIC REACTION

****Symptoms of an allergic reaction (as defined by NHS 31/10/2022) include:***

- a runny nose or sneezing
- pain or tenderness around your cheeks, eyes or forehead
- coughing, wheezing or breathlessness
- itchy skin or a raised rash (hives)
- diarrhoea
- feeling or being sick
- swollen eyes, lips, mouth or throat

****Symptoms of a Severe Allergic Reaction (Anaphylaxis) (as defined by the NHS 31/10/2022)***

- feeling lightheaded or faint
- breathing difficulties – such as fast, shallow breathing
- wheezing
- a fast heartbeat
- clammy skin
- confusion and anxiety
- collapsing or losing consciousness

Other symptoms may include:

- An itchy, raised rash (hives)
- Feeling sick or being sick
- Stomach Pain
- Swelling of the mouth, especially the tongue
- Swelling of the throat- hoarse voice
- Feeling of throat closing
- Feeling of choking
- Swelling of the airways- difficulty in breathing / tight chest / bark-like cough
- Drop in blood pressure- pallor / floppiness / collapse / loss of consciousness

*Should a child experience breathing difficulties due to an allergic reaction or diagnosed asthma, we will follow the medical and first aid policy to ensure inhalers or antihistamines are administered immediately.

Equality impact

The school will ensure reasonable adjustments are made to prevent discrimination and to enable pupils with allergies to participate fully in education and extracurricular activities.