Allergy and Anaphylaxis Policy

Approved by	Trust Board	Date Approved	Summer 2026
Review cycle	Annual	Date of next review	Summer 2027

Version	Author	Date	Changes
1.0	Bethan Willetts	1/8/26	New policy

Key Contacts

Trust	
CEO	mboddington@enlightenlt.education
Chair of Trustees	hcoulson@enlightenlt.education
Safeguarding Trustee	hbetterton@enlightenlt.education

Please note this list may be updated by the responsible officer when change arises in the organisation, without the need for committee meeting review/approval.

The named staff members responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:

Andy King, Headteacher
Ben Allin, Deputy Headteacher

Contents

This policy has been developed in accordance with the Department for Education's *Allergy Safety in Schools* statutory guidance (2026). The school will review this policy at least annually and following any serious allergy-related incident, significant near miss or relevant change in statutory guidance. The policy will be published on the school's website and communicated to staff and pupils.

1 Introduction

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 severe reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. 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 Esher Church of England High School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

1.1 Role and responsibilities

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform Student Reception staff 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 replaced as necessary.
- 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.

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.
- Andy King and Ben Allin are responsible for sharing the training
  with all staff via Flick Learning
- Staff (regular or cover classes) must be aware of the pupils in their care 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
- Student Reception team *will* ensure that the up-to-date Allergy Action Plan is kept with

the pupil's medication.

- It is the parent's responsibility to ensure all medication is in date however the Student Reception team will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- Student Reception team keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.
- Student Reception team ensures that any reaction or near misses is recorded and reported internally or in accordance with RIDDOR.

Pupil Responsibilities

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.

2 Individual Healthcare Plans (IHPs) and Allergy Action Plans

The IHP is the school's plan for managing the child's needs day-to-day. The Allergy Action Plan is the clinical plan telling staff what to do if the child has an allergic reaction.

All pupils at risk of anaphylaxis should have an Allergy Action Plan that describes exactly what to do and who to contact in the event that they have an allergic reaction. In the event of an anaphylactic emergency, if the individual does not have access to their own AAI, the spare AAI should be used without delay. Written parental permission for use of the spare AAIs is included in the pupil's allergy action plan.

A pupil will also have an Individual Healthcare Plan (IHP) where their allergy has a functional impact on them in school, places them at risk of harm, and requires arrangements that are additional to or different from those made generally for pupils.

The IHP will set out the individual arrangements necessary to keep the pupil safe and enable their full participation in school life, including arrangements for managing their allergy and responding in an emergency.

Where a pupil has been issued with an Allergy Action Plan by a healthcare professional, this will be attached to and form part of their IHP. The Allergy Action Plan does not replace the school's responsibility to establish an IHP where one is required.

Allergy Action Plans are medical documents produced by healthcare professionals and should not be created by the school. The school will use recognised plans, such as the British Society for Allergy and Clinical Immunology (BSACI) Allergy Action Plans, where these have been provided by the pupil's healthcare professional.

2.1 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 severe 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 pupil 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. AAIs 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.
- 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 pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

2.2 Serious Incidents and Near Misses

All allergic reactions, incidents and near misses will be recorded, reported and reviewed by the school. Parents/carers will be informed of any allergic reaction involving their child and, where appropriate, the incident will be reported to the Trust/governing body and relevant external agencies in accordance with statutory reporting requirements. Following a serious allergic reaction or significant near miss, the school will investigate what happened, identify any contributing factors and consider whether changes are required to the pupil's Individual Healthcare Plan (IHP), Allergy Action Plan, risk assessment or wider school procedures. Any learning identified will be shared with relevant staff and used to strengthen practice and reduce the risk of a similar incident occurring again. Where appropriate, the school's Allergy Safety Policy and associated procedures will also be reviewed and updated.

2.3 Reporting Anaphylaxis

- **Anaphylaxis requiring adrenaline and/or emergency medical treatment:** headteacher/DSL to inform the CEO or DSI as soon as reasonably practicable, and no later than the end of the school day. Chair of LGB/nominated allergy or medical conditions governor informed within 24 hours.
- **Other serious allergic incidents:** Trust and appropriate LGB governor informed within 24 hours.
- **Near misses:** formally recorded and reported through the school's safeguarding report to governors unless the circumstances indicate a significant safeguarding/system failure requiring immediate escalation.

2.4 Supply, storage and care of medication

Depending on their age, level of understanding and competence, pupils will be encouraged to take responsibility for, and to carry, their own **two** AAIs on them at all times 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 within 5 minutes of them, not locked away and accessible to all staff.

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Two AAIs i.e. EpiPen® or Jext®
- 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 to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the **Student Reception team** 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 pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a specialist collection service (Initial). The sharps bin is kept in Student Reception.

2.5 'Spare' adrenaline auto-injectors in school

Esher Church of England High School has purchased from Eureka! spare AAIs for emergency use. Emergency use may include: children who are at risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date, or they may need multiple doses of adrenaline before the emergency services arrive); or they may need to be used on someone experiencing anaphylaxis for the first time.

You should never use a child's prescribed AAI on another person, as this leaves the child vulnerable.

Spare AAIs will be stored in pairs, with appropriate doses available for the age and weight of pupils within the school, and will be located so that they can be accessed quickly in an emergency. The absence of prior parental consent must not delay the administration of adrenaline where it is required to save a life. Following use of a spare AAI, the school will record the incident, inform the pupil's parent/carer and ensure that the used device is replaced.

Adrenaline devices are stored in the school's clearly labelled Emergency Anaphylaxis Kit(s). In accordance with DfE statutory guidance, adrenaline devices are not locked away or kept in an area where access is restricted. They are stored safely, at room temperature and, where necessary, out of the reach of pupils, while remaining readily accessible to staff at all times. All staff are made aware of the location of the school's emergency anaphylaxis kit(s).

Esher Church of England High School holds 2 spare pens which are kept in Anaphylaxis kits in the following location(s):-

Student Reception

The Student Reception team is responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

The Student Reception team is responsible for communicating to all staff members where the Anaphylaxis kit(s) are located.

2.6 Staff Training

The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and

the upkeep of the school's anaphylaxis policy are:

Andy King
Ben Allin

It is recommended that the training be completed at least once a year (at a minimum) by all staff members.

● Additional ad-hoc training sessions will be provided for new staff or anyone requiring refresher training.
● Additional training will be delivered to classroom staff who teach a child with known allergies.
● A trainer AAI pen will be held in Student Reception which can be used for practical training alongside the online training.

Training includes:

- Knowing the common allergens and triggers of allergies
- 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
- Understanding what it is like for those individuals living with allergies

2.7 Inclusion and safeguarding

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

3 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.

The school will ensure that accurate and up-to-date allergen information is readily available for all food provided to pupils. The school will work with its catering provider to ensure that allergen information is clearly communicated and that parents/carers of pupils with food allergies can access the information they need to make informed choices. Allergen information will be reviewed whenever menus, recipes, ingredients or products change.

The Student Reception team will inform the Catering Manager of pupils with food allergies.

Parents/carers are encouraged to meet with the Catering Manager to discuss their child's needs.

The school adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies

should be clearly labelled with the name of the child for whom they are intended.

- If food is purchased from the school canteen/tuck shop, parents should check the appropriateness of foods by speaking directly to the catering manager.
- The pupil should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.
- 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 Catering Manager.
- 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.

4 School trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils 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**

Allergic 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. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

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.

5 Allergy awareness and nut bans

Esher Church of England High 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 pupils, 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, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

6 Risk Assessment

Esher Church of England High School will conduct a detailed individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

School and individual risk assessments can be downloaded for free from: https://www.anaphylaxis.org.uk/downloads-form/safer-schools-download/.

7 Useful Links

Kitt Medical – https://www.kittmedical.com/

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

- Safer Schools Programme - https://www.anaphylaxis.org.uk/education/safer-schools-programme/
- AllergyWise for Schools online training - https://www.allergywise.org.uk/p/allergywise-for-schools1

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

- Whole school allergy and awareness management - https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement

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

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

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