

STANWAY PRIMARY SCHOOL



Allergy and Anaphylaxis Policy

Policy adopted by Governing Body:

Summer 2025

Review Date:

Summer 2026

This policy had been produced by BSACI, Allergy UK and Anaphylaxis UK and approved by the DfE and will be reviewed in line with Department for Education statutory allergy guidance (2026) and updated accordingly. The policy is designed to be incorporated with the Supporting Pupils in School with medical conditions statutory guidance.

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1. Introduction

Stanway Primary School is committed to providing a safe, inclusive and welcoming environment for all pupils, staff and visitors with allergies. In line with the Allergy Safety in Schools statutory guidance (2026) and Benedict's Law, the school maintains robust arrangements to minimise the risk of allergen exposure and ensure a prompt and effective emergency response where anaphylaxis is suspected.

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 Stanway Primary School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2. Role and responsibilities

Allergy safety is a whole-school responsibility. All staff, including temporary, catering, premises and wraparound staff, must adhere to this policy at all times

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform the School 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
- 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.
- Parents must inform the school of any allergic reactions that occur outside of school and any changes to diagnoses, prescribed medication or medical advice.
- Parents should engage with the school in the development and review of Individual Healthcare Plans and risk assessments where required.

Staff Responsibilities

- All staff will complete anaphylaxis training on a yearly basis and on an ad-hoc basis for any new members of staff.
- 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.
- 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.
- The School office *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 School office will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The School office 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.
- The School office ensures that allergy information is communicated to relevant staff, including catering staff, wraparound care staff and supply staff where appropriate.
- The School office ensures that allergy information is obtained and shared as part of the admission and transition process
- The School office 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.
- Pupils are expected not to share food, drinks, eating utensils or medication with other pupils.

3. Allergy Action Plans and Individual Health Care Plans

Allergy Action Plans are designed to function as Individual Healthcare Plans (IHPs) for pupils with food allergies. They provide clear medical guidance and parental consent for school staff to administer medication in the event of an allergic reaction, including the administration of a spare adrenaline auto-injector where required.

British Society for Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced and authorised by an appropriate healthcare professional and must not be created by the school. These nationally recognised plans have been agreed by BSACI, Anaphylaxis UK and Allergy UK and set out the pupil's allergens, symptoms, prescribed medication and emergency treatment procedures.

Where a pupil requires additional support, reasonable adjustments or specific arrangements beyond those detailed within an Allergy Action Plan, the school may develop a supplementary Individual Healthcare Plan in partnership with parents/carers, the pupil (where appropriate) and relevant healthcare professionals. This will be reviewed at least annually and following any significant allergic reaction, near miss or change in medical advice.

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 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 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 pupils 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, pupils will be encouraged to

take responsibility for and to carry their own **two** AAls 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 AAls 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).

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

Older children and medication

Older children 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

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

Disposal

AAls are single use only and must be disposed of as sharps. Used AAls 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. The sharps bin is kept in the Medical room.

6. 'Spare' adrenaline auto-injectors in school

Stanway Primary School subscribes to KITT Medical which holds FOUR spare pens (2 x EpiPen® and 2 x Jext®) **for emergency use for children who are risk of anaphylaxis**, if their own devices are not available or not working (e.g. because they are out of date) or are experiencing anaphylaxis for the first time.

These are stored in a rigid orange box located outside of the main hall doors, by the headteachers office and are clearly labelled 'Emergency Anaphylaxis Adrenaline Pen'.

There is a spare key kept in the main office and SBM office. In an emergency there is a break glass with a key inside just above the main box.

The school office is responsible for replacing the EpiPens when KITT medical send in the new supply.

Written parental permission for use of the spare AAls is included in the pupil'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 Allergy Leads at least 2 are responsible for coordinating staff training, overseeing policy implementation and ensuring compliance with statutory guidance is kept up to date:-

Lucy Frizzell – School Business Manager

Fiona Dorey - Governor

All staff will complete allergy and anaphylaxis training annually, and on an ad-hoc basis during induction of new 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 AAls) 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

Stanway Primary School ensures that staff undertake a practical session using trainer devices provided by KITT Medical.

All allergy incidents and near misses will be formally reviewed to identify learning and improve future practice.

8. Inclusion and safeguarding

Stanway Primary 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.

The school recognises that severe allergies may meet the definition of disability under the Equality Act 2010 and will make reasonable adjustments where required to ensure pupils can participate fully in school life.

9. Risk Assessment

The school undertakes risk assessments to minimise the risk of exposure to allergens. Risk assessments will be considered for curriculum activities involving food, school trips, sporting fixtures, wraparound provision, celebrations, fundraising events and any activity where allergens may be present. Individual risk assessments will be completed where required to support a pupil's specific allergy needs.

10. 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's Lunch menu Breakfast and After School Club menus are available for parents to view termly in advance with all ingredients listed and allergens highlighted on the organisation [website](#).

Parents are responsible for checking the menu for allergens and, where appropriate, annotating their child's menu to indicate any foods that must be avoided.

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

The following procedures are in place to ensure that catering staff can accurately identify and safely serve pupils with allergies:

- Pupil allergies are recorded on Arbor (MIS). A report is available electronically or in printed format and includes the pupil's name, class and photograph. Copies are held by the Catering Manager, the school office, and the breakfast and after school club teams.
- All catering staff, including Midday Assistants (MDAs), are made aware of the location of this information, and pupil details are communicated regularly.
- Each day, the Office Team highlights the names of all children with a food allergy on the dinner registers by 9:45am. The Catering Manager then verifies this information.
- The Catering Manager cross-references the meals selected against the allergen information held for individual pupils. Where there is any uncertainty regarding a dish or ingredient, the school will contact parents/carers for clarification.
- The Catering Manager annotates the dinner registers accordingly. The Assistant Cook then double-checks this information and signs to confirm completion.
- During service, a Midday Assistant checks pupils off the register. Pupils with food allergies are clearly identified and issued with a yellow lanyard to wear while queuing at the serving area. The member of staff serving the meal will ask the pupil to confirm their name and check the dinner register to ensure the correct meal is provided.
- The member of staff serving the meal is responsible for ensuring that the correct meal is given to pupils with food allergies. Two members of the Catering Team (for example, the Catering Assistant and Catering Manager) check the information on the dinner register and confirm that the correct meal has been served. Both staff members then initial the register to evidence this check.
- For pupils with severe allergies, the Health Care Plan may specify that the table is cleaned with an approved solution immediately prior to use. Placemats may also be used to clearly identify the pupil's designated seating area.
- **Pupils are not permitted to share food.**

For other food served during the day (for example, at breakfast club, after school club, or during snack time), staff will follow the same procedures by identifying pupils with food allergies and ensuring that they do not consume any foods to which they are allergic.

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.

11. 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.

12. Allergy awareness and nut bans

Stanway Primary 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.

13. Useful Links

- Anaphylaxis UK: for teachers by teachers, the one stop shop for all school allergy needs: <https://www.anaphylaxis.org.uk/education>
- Allergy UK: <https://www.allergyuk.org/about-allergy/types-of-allergies>
- Allergy Safety in Schools July 2026: <https://www.gov.uk/government/publications/allergy-safety-in-schools>
- [Guidance on the use of adrenaline auto-injectors in schools](#)

- Spare Pens in School: <https://www.sparepensinschools.uk>

Benedict's law:

<https://benedictblythe.com/benedicts-law>

<https://www.anaphylaxis.org.uk/education/benedicts-law>

Food:

Allergy Guidance for Schools: <https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools>

Allergy Guidance for food businesses: <https://www.gov.uk/government/publications/allergen-guidance-for-food-businesses>

Statutory Duties:

The duties under Section 34 of the [Children's Wellbeing and Schools Act 2026](#) place a requirement on LA-maintained schools, Academies and PRUs to have allergy safety policies, publish them and keep them under review.

The duty of care under section 3 of the [Children Act 1989](#) for any person with the care of a child to do all that is reasonable for the purposes of safeguarding or promoting the welfare of the child;

The duties to safeguard and promote the welfare of pupils and students under sections 20 and 175 of the [Education Act 2002](#), the [Education \(Independent School Standards\) Regulations 2014](#) (and associated statutory guidance [Keeping Children Safe in Education](#)) and the [Non-Maintained Special Schools \(England\) Regulations 2015](#);

The duty of the employer under section 2 of the [Health and Safety at Work etc Act 1974](#) to take reasonable steps to ensure that employees are not exposed to risks to their health and safety;

The duties under the [Equality Act 2010](#) to provide equality of opportunity for all, including those who are disabled.

The Special Educational Needs and Disability (SEND) [SEND code of practice: 0 to 25 years](#).
[The Early Years Foundation Stage \(EYFS\) statutory framework](#).

