# Allergy and Anaphylaxis Policy

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| **Important:** This document can only be considered valid when viewed on the Trust website. If this document has been printed or saved to another location, you must check that the version number on your copy matches that of the document online. | |
| **Name of Responsible Committee:** | Finance & Audit Committee |
| **Approved Date:** | |
| **Review Date:** | |
| **Target Audience:** | All staff, parents, visitors, volunteers |
| **Related Documents:**<br><br>**All Trust policies and procedures referred to are located on the trust website**<br><br>**If English is not your first language, and you require assistance/translation, please contact the Central Business Services Team** | First Aid Policy<br>Medical Conditions Policy |

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## Policy Statement

Within the GLA we are united in our belief that all children deserve equity of education. Our consistent focus each day is to develop our people and direct our resources so that all children are safe, happy and can achieve their potential.

Our aim is for every child to leave the Trust feeling proud and with a sense of confidence about their next steps. Proud to have achieved something special with their unique talents and confident to develop those talents further in the next chapter of their education.

All that we achieve together, we do by living the following values:

- We are committed to **equity** – we direct resources and people flexibly and precisely, when and where they are needed, so that all children across the Trust can achieve their potential.
- We create **opportunity** – as a learning community we don't stand still. We encourage all staff to embrace the opportunities on offer to grow and develop their expertise, whatever their role.
- We champion **expertise** – we develop and share our skills and knowledge, within and between our schools, for the benefit of all children.
- We are **evidence**-led – within our Trust schools, decision-making is thoughtful, thorough and based on evidence of what makes the biggest difference to children.
- We are a **community** – we know that we're stronger together; sharing high expectations, nurturing and supporting each other to overcome our challenges and celebrate our successes.

## 1. Purpose

To minimise the risk of any pupil suffering a serious allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.

## 2. 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
- Animal Dander

This policy sets out how GLA schools will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

## 3. Role and Responsibilities

**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 e.g. 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.
- The **Headteacher** is responsible for sharing the training with all staff via the Kitt Medical portal. This training is available at all times, and there are no limits on the number of staff who complete it, nor the number of times they complete it.
- **All 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.
- **Lead First Aider** 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 **Lead First Aider** will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The **Lead First Aider** 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.
- **Lead First Aider** 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.

## 4. Allergy Action Plans

Allergy action plans are designed to function as individual healthcare plans for children with known 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 auto- injector.

British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional and should not be created by the school. These are a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK. Allergy action plans are designed to function as an individual healthcare plan.

## 5. 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 (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.

## 6. 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 AAIs on them at all times in a suitable bag/container. **All staff must be aware of where/how the pupil carries their AAIs.**

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 **Lead First Aider** 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. The sharps bin is kept in the First Aid Room.

## 7. 'Spare' adrenaline auto-injectors in school

GLA schools have purchased a Kitt Medical Anaphylaxis Kitt with 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.

These are stored in the school's Anaphylaxis Kitt(s) which are clearly labelled 'Emergency Allergy Medication'. These are kept safely, not locked away and are **accessible and known to all staff**. The school holds several keys with which they can access the medication. The school will also hold a spare key in an 'Emergency Break Glass' box in case immediate access in an emergency is required. All accessories are provided by Kitt Medical.

The **Lead First Aider** is responsible for managing the Kitt Medical portal and checking the spare medication is in date on a monthly basis and to replace as needed (as a secondary check). Reminder prompts are scheduled on the Kitt Medical portal.

The **Lead First Aider** is responsible for communicating to all staff members where the Anaphylaxis Kitt(s) are located.

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.

## 8. 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:

- Headteacher
- Lead First Aider

These staff members will be admins on the Kitt portal account where online training is available and can be sent out via a variety of distribution means to all staff members.

These staff members will also ensure that the details of the adrenaline devices are promptly confirmed on the portal and check-ups on the Anaphylaxis Kitts, prompted by the portal at frequent intervals, are carried out.

Training will 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 Lead First Aiders, Headteachers and DDSLs.
- A trainer AAI pen will be held by the Lead First Aider 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

## 9. Inclusion and safeguarding

GLA schools are 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.

## 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.

Each school's menu is available for parents to view on the school's website with the 14 EU allergens listed.

The **Lead First Aider** will inform the **Catering Manager** of pupils with food allergies as soon as they become known to the school.

**Caterlink Allergy Lanyards**
Caterlink will provide allergy lanyards for pupils who have been approved for a special diet menu. The allergy lanyard acts as a visual identification aid during lunchtime, helping the Caterlink catering team and school staff to identify pupils with food allergies or intolerances and ensure the correct meal is served.

The school is responsible for ensuring that allergy lanyards are provided to the correct pupils and collected at the end of the lunch service.
Parents/carers are encouraged to complete the online food allergy form and provide medical evidence for any food allergies or intolerances.

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.
- The pupil should be taught to also check with catering staff, before 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.
- 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.

**Photos of Children with Allergies**
In addition to the use of lanyards to identify children with allergies, the school will provide the catering team with up to date photos of children with allergies. The catering team will display these on the server side of the serving counters. The catering team will look out for all children they have a photo of to ensure they have a lanyard and are given the correct meal.

## 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 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

GLA schools 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 and symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

## 13. Risk Assessment

GLA schools 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/.

## 14. 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

# Appendix A: Equality Impact Assessment

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|---|---|
| **EIA completed by:** | CFOO |
| **Contributors to EIA:** | Trustees |
| **Date Completed:** | August 2026 |
| **This Policy will Affect:** | Pupils (including Early Years), staff, volunteers, visitors |

**Impact analysis**

| GROUP | POSITIVE IMPACT | NEUTRAL IMPACT | NEGATIVE IMPACT | WHY WILL THE POLICY HAVE THIS EFFECT? |
|---|---|---|---|---|
| Sex | ✓ | | | Allergy management arrangements apply equally to all genders and ensure consistent treatment. |
| Race | ✓ | | | The policy provides equal access to meals that meet allergy needs regardless of ethnicity or background. |
| Religion or belief | | ✓ | | No elements of the policy conflict with religious beliefs. |
| Sexual orientation | | ✓ | | The policy is medical and safety focused and does not differentiate based on sexual orientation. |
| Gender reassignment | | ✓ | | There is no discriminatory practice identified. |
| Pregnancy or maternity | | ✓ | | There is no discriminatory practice identified. |
| Age | ✓ | | | The policy is medical and safety focused and does not differentiate based on age. |
| Disability | ✓ | | | The policy strongly supports pupils allergies through training, risk assessments, reasonable adjustments and access to medication. |
| Marriage or civil partnership | | ✓ | | There is no discriminatory practice identified. |

| INTERSECTIONAL IMPACT |
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| **Will this policy impact any groups more because of multiple/combined characteristics?** No<br><br>**What will the impact be, and why?**<br><br>• |

**Outcomes**

The policy is expected to have an overall **positive equality impact**, particularly through:

- Ensuring pupils with allergies can access education, trips and activities safely.
- Providing appropriately trained staff across all age phases.
- Protecting the dignity, wellbeing and safety of all individuals.
- Supporting the Trust's commitment to equity, inclusion and safeguarding.

Potential risks of negative impact can be mitigated through training and consistent application, particularly in relation to medical needs.

| FINAL DECISION ON POLICY |
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| The policy will be implemented as written. Line managers will be reminded of their duty to:<br>• Apply the policy consistently and fairly across all schools.<br>• Make reasonable adjustments for pupils and staff with allergies.<br>• Ensure staff training remains current and sufficient.<br>• Promote clear communication with parents and carers. |

| MONITORING ARRANGEMENTS |
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The Central Business Services Team will monitor implementation annually through:

- Review of accident, incident and first aid records.
- Health and safety audits and compliance checks.
- Feedback from Headteachers.
- Review of training records and qualification currency.
- Monitoring any equality-related incidents or complaints.

# Version Control

| Version | Date | Description of Changes | Author | Approved By |
|---|---|---|---|---|
| 1.0 | Aug 2026 | New policy | H Dell | Trust Board |
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