Anaphylaxis and Allergies in School Policy

PORINGLAND PRIMARY SCHOOL

Approved by:	Lisa Hazard	**Date:** 1/09/2026	
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1. Policy Statement

Poringland Primary School is committed to providing a safe, inclusive, and supportive environment for all pupils with allergies and asthma including those at risk of anaphylaxis. We recognise that allergic reactions can be life-threatening and require rapid and confident action.

This policy sets out how the school prevents allergic reactions, recognises early symptoms, and responds effectively to emergencies, in line with DFE Allergy Safety in Schools Statutory Guidance (July 2026)and best practice from national allergy organisations.

1.1 Policy Communication and Awareness

This policy will be distributed to all school staff. It will also be made available to parents and carers via the school website.

2. Scope

This policy applies to:

- All pupils with diagnosed or suspected allergies, including pupils whose allergic condition is associated with asthma;
- All staff (teaching, support, catering, site transport);
- Visitors, contractors, and external providers;
- On-site activities, trips and visits*, clubs, and transport.

* If a pupil has forgotten their prescribed AAI, participation in a visit should be determined following a suitable risk assessment. The availability of a school spare AAI may be considered as part of that assessment, but it should not normally be regarded as a replacement for the pupil's own prescribed medication. Decisions should be based on the specific risks associated with the visit rather than an automatic exclusion from attendance.

3. Legal and Statutory Framework

This policy is based on the Department for Education's **Allergy Safety in Schools: Statutory Guidance (July 2026)** and applies to maintained schools, academies and pupil referral units in England. Schools are expected to have appropriate policies, training and procedures in place to keep pupils with allergies safe.

Trust run Nursery Schools within the grounds of some of our Primary schools are also covered by this guidance.

This new guidance also supports compliance with:

- Children and Families Act 2014;
- Children's Wellbeing and Schools Act 2026;
- Equality Act 2010;
- Health and Safety at Work etc. Act 1974;
- Education Act 2002;

- Keeping Children Safe in Education;
- SEND Code of Practice: 0-25 Years;
- Early Years Foundation Stage (EYFS) Statutory Framework.

Related Trust Policies

- Trust Allergies and Anaphylaxis Policy;
- Supporting Pupils with Medical Conditions Policy;
- Managing Medicines;
- Use of Emergency Asthma Inhaler in School;
- First Aid Policy;
- Offsite Visits and Trips Policy;
- Safeguarding and Child Protection Policy.

4. Aims of the Policy

- To reduce the risk of allergen exposure;
- To ensure all staff can recognise and respond to allergic reactions and anaphylaxis;
- To ensure rapid access to emergency medication, including AAI's;
- To ensure appropriate support for pupils with both allergy and asthma;
- To ensure staff are able to recognise the relationship between asthma and anaphylaxis and respond appropriately in an emergency;
- To ensure Allergy Action Plans and Asthma Action Plans are considered together where applicable;
- To promote a consistent, whole-school approach to allergy management;
- To meet statutory requirements detailed in the DFE Allergy Safety in Schools guidance July 2026.

5. Roles and Responsibilities

5.1 Governing Body

- Authors, approves and monitors the policy template, updating as required;
- Ensure statutory compliance and resourcing.

  Review and lead investigations into all serious allergy incidents and near misses, in partnership with the school Allergy Safety Lead;

- Annual inspection of first aid facilities including AAI's, Emergency inhalers (if applicable) and Allergy related documentation held at the school;
- Annual inspection of catering provision with the Catering Manager to assess allergen management arrangements and verify that effective procedures are in place to prevent mistaken identity and the accidental provision of meals containing allergens to children with food allergies;
- To determine recommended improvement actions following serious incidents and near misses see **Appendix 3** below;
- Filing of Allergy related RIDDOR incidents to the HSE as applicable.
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5.4 Headteacher

- Ensures the policy is implemented and reviewed annually;
- Ensures staff training and awareness;

- Ensures effective procedures are in place at the school for statutory compliance. Allocation of mandatory annual Allergies and Anaphylaxis Online Training to all existing staff and during onboarding of new employees;
- Maintenance of central training records;
- Allocating access to training records of school staff to Allergy Safety Lead and Appointed Person for First Aid.

5.5 Allergy Safety Lead (School Senior Leader)

The Allergy Safety Lead will:

- oversee implementation of this policy;
- monitor compliance with DfE statutory guidance;
- oversee staff training and co-ordination of annual allergy/anaphylaxis drills;
- co-operate with any Trust led H&S investigations;
- monitor Individual Healthcare Plans;
- oversee allergy risk assessments;
- Ensure robust procedures are in place across the school to prevent accidental exposure to allergens. This includes activities involving food preparation and service, as well as teaching and learning environments where allergenic substances may be present, such as Science labs, Food Technology rooms, Music rooms, Art rooms and other relevant areas such as those housing school animals;
- monitor emergency medication arrangements;
- lead annual policy reviews;
- Ensure all serious incidents and near misses are reported to the Trust;
- Implement transition arrangements necessary for pupils moving between schools or phases, including transfer of allergy information and IHPs.

This role will be undertaken by:

Name: Lisa Hazard

Position: Headteacher

5.6 Appointed Person for First Aid

The appointed person for First Aid at the school will under direction from the Allergy Safety Lead:

- Act as the school's operational point of contact for allergy safety matters and emergency medication management;
- Maintain the school's register of pupils prescribed adrenaline devices and ensure records remain current;
- Maintain a record of pupils with diagnosed allergies, anaphylaxis risk and associated medical conditions such as asthma;
- Ensure Individual Healthcare Plans (IHPs), Allergy Action Plans and Asthma Action Plans are available and accessible to relevant staff;
- Monitor expiry dates of prescribed medication, spare AAIs and emergency asthma inhalers (if held) and arrange replacement before expiry;
- Carry out regular checks of emergency anaphylaxis and Asthma kits. Ensure contents remain complete, accessible and fit for use;
- Ensure spare adrenaline auto-injectors are stored in accordance with statutory guidance and are available within the required response times e.g. within **5 minutes** of notification of anaphylaxis;
- When booking First aid courses, ensure first aid training providers include practical training in the administration of adrenaline auto-injectors;
- Ensure relevant staff with a need to know are informed of pupils with significant allergy risks. This includes caterers;
- Support educational visit leaders in ensuring suitable allergy risk assessments and emergency arrangements are in place for trips and off-site activities;
- Maintain records of allergic reactions, anaphylaxis incidents, medication administration and raise any allergy-related near misses
- Escalate all **serious incidents and near misses** and support investigations as required;
- Assist in the review of incident reports and implementation of any lessons learned;
- Support annual policy reviews by providing training, medication, incident and compliance data to the Allergy Safety Lead as required;
- Obtain and monitor parental consent for emergency AAI or asthma inhaler use.

5.7 All Staff

- Attend allergy and anaphylaxis training;
- Know which pupils are at risk and where emergency medication is stored;
- Act immediately and confidently in an emergency.

6. Identification and Individual Care Plans

- Pupils should have an Individual Healthcare Plan (IHP) if:

    - they have an allergy which has a functional impact on them in their school, college or setting;
    - they are at risk of harm as a result of their allergy and
    - they require arrangements which are additional to or different from those made generally.

- A personal **Allergy Action Plan** (see below) should also be implemented for pupils with a known allergy to food or insect stings.

    - Personal plan for individuals prescribed EpiPen;
    - Personal plan for individuals prescribed Jext;
    - A generic plan for individuals assessed as not needing AAI.

Where a pupil has diagnosed asthma:

- If available, an **Asthma Action Plan** should be attached to the Individual's Healthcare Plan (IHP);

All plans:

- are developed/reviewed in partnership with parents/carers and healthcare professionals;
- are reviewed at least annually or following any reaction;
- Relevant staff are made aware of pupils' needs while maintaining confidentiality.

7. Staff Training

In line with the DFE Allergy Safety in Schools guidance:

- **All staff** will receive regular training **annually** in:

    - Allergy awareness;
    - Recognition of mild, moderate, and severe reactions including Anaphylaxis;
    - Emergency response procedures;
    - Safe use of common AAIs.

  All of the above are covered in the Anaphylaxis and Allergy Training for Schools and Carers (Ihasco).
- When developing individual IHPs and associated action plans, additional allergy related training may be assigned for key staff members, or all staff at the Allergy Safety Lead's discretion e.g.

    - Asthma Training for Schools and Carers;
    - Medication Awareness Training for Schools;
    - Other specialist Allergy related courses.

- New staff complete their online training during onboarding;

- In addition to the above, all first aid trained staff also receive **face to face** training in the administration of AAI's during their first aid training course. The appointed person for first aid will ensure providers include this module prior to booking;
- Anaphylaxis drills **are not** currently mandatory but are strongly recommended as best practice and are specifically identified by DfE as a way of testing emergency arrangements and staff competence.

8. Emergency Medication (AAIs)

8.1 Personal Medication

- Pupils prescribed adrenaline auto injectors should normally have access to **two** prescribed devices at all times, in line with healthcare advice.
- Devices are stored according to the pupil's age and care plan.

8.2 Spare Adrenaline Auto-Injectors

In line with Allergy Safety in Schools Statutory guidance (July 2026), the school will:

- Hold in-date spare AAIs for emergency use. Approved AAI brands licensed for use in England (currently EpiPen® and Jext®);
- Store spare AAIs:
    - In a rigid, clearly labelled box* or in a pre-purchased commercially available kit box or bag marked **"Emergency Anaphylaxis Kit";**
    - In a safe but unlocked and accessible location away from sources of heat or extreme cold. Ideal storage temperature usually between 20-25 degrees Celsius. Check manufacturer's instructions;
    - In a location/s **known to all staff.**
- Spare AAIs may be used for any pupil or adult experiencing anaphylaxis, in accordance with this policy;
- Supplies can be ordered through local pharmacies or online (See template letter at **Appendix 1**).
- AAIs are single use only and must be disposed of as sharps. Used AAIs should be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bin contents to be disposed of by a clinical waste contractor/specialist collection service. The sharps bin must be kept out of reach of pupils.

Note: Schools are not expected to mirror every individual child's prescribed brand and dose. Schools are required to hold spare adrenaline auto-injectors (AAIs), but the expectation is that they hold a reasonable, age-appropriate stock, not a bespoke match for every pupil.

8.3 Emergency Asthma Inhalers

- The school will maintain emergency salbutamol inhalers in accordance with current legislation and need, as identified in the school First Aid Needs Assessment;
- The severity of pupil's asthma and IHP recommendations and pupil behaviours should be a factor when deciding what emergency medication is required;
- **If need is identified** these will purchased and will where possible be stored with the emergency anaphylaxis equipment.

Please refer to the Trust **Use of Emergency Asthma Inhaler in School Policy** for Asthma emergency response procedures etc.

8.4 Asthma and Allergy

The school recognises that asthma frequently co-exists with allergy and that uncontrolled asthma is a significant risk factor for severe allergic reactions and poor outcomes from anaphylaxis.

The school will:

- Encourage pupils with asthma to have access to their prescribed reliever inhaler at all times;
- Maintain emergency asthma inhalers in accordance with current regulations and school procedures where the need has been identified and supplies purchased;
- Promote compliance with IHP's, and Allergy or Asthma Action Plans;
- Ensure staff understand the distinction between an asthma attack and anaphylaxis;
- Ensure staff understand that adrenaline is the first-line treatment for anaphylaxis and must not be replaced by an asthma inhaler.

9. Emergency Response to Anaphylaxis

In the event of suspected anaphylaxis in a **diagnosed** individual:

1. **Administer an adrenaline auto-injector immediately**
2. **Dial 999** and state "anaphylaxis"
3. Keep the person:
    - Flat with legs raised (or sitting if breathing is difficult)
4. If symptoms persist, administer a second AAI after 5 minutes if available. See **Appendix 2** below for further information
5. If no signs of life commence CPR
6. Stay with the person until emergency services arrive
7. Inform parents/carers as soon as practicable

In the event of suspected anaphylaxis in an **undiagnosed** individual:

If anaphylaxis is suspected, whether the individual has a known allergy diagnosis or not, administer adrenaline without delay in accordance with training and the school's emergency procedures, call 999 stating "anaphylaxis", and follow any further advice from emergency services. If in doubt, administer adrenaline. Written parental permission is not

required at the moment of use in a life-threatening emergency but schools are expected to have parental consent recorded in advance for known at-risk pupils.

For emergency response procedures in the event of an **asthma attack** consult the Trust **Use of Emergency Asthma Inhaler in School Policy**

10. Risk Reduction and Prevention

10.1 Food Allergy Management

The school will:

- Encourage handwashing before and after eating;
- Discourage sharing of food, drinks or utensils;
- Ensure pre-packed lunches are clearly identifiable and labelled(Ref. Natashas Law);
- Obtain allergen information where food is supplied;
- Ensure allergen information is available at events;
- Carry out risk assessments for trips and special activities;
- Consider allergens in:
  - cooking activities;
  - science lessons;
  - craft activities;
  - play dough;
  - bird feed;
  - animal-handling sessions;
  - food technology.
- Work with catering providers to minimise cross-contamination risks and to ensure meals are double checked before service to avoid allergen and identity errors;
- Use an allergy-aware rather than "nut free" approach;
- Ensure meal arrangements are inclusive and pupils are not unnecessarily segregated;
- Maintain staff-only allergy awareness lists/photos in relevant areas such as kitchens, food technology and first aid locations.

10.2 Wellbeing, Inclusion and Anti-Bullying

The school recognises that allergies can significantly affect a pupil's wellbeing and sense of inclusion.

The school will:

- promote a positive allergy-aware culture;
- ensure pupils with allergies participate fully in school life;
- provide reassurance regarding emergency arrangements;
- address allergy-related anxiety sensitively;
- challenge misconceptions about allergies;
- actively prevent allergy-related bullying.

Examples of **unacceptable behaviour** include:

- threatening another person using known allergens;

- deliberate allergen exposure;
- excluding pupils because of allergies;
- making fun of allergy management arrangements.

All such incidents will be dealt with under the Behaviour and Anti-Bullying Policy.

10.3 School Trips and Visits

The school will ensure that pupils with allergies are enabled to participate fully in educational visits.

Risk assessments will consider:

- known allergens;
- access to prescribed medication;
- access to spare AAIs;
- location of emergency medical support;
- food arrangements;
- staff trained in emergency response.

Children prescribed adrenaline devices are expected to carry or have access to both prescribed devices during visits wherever possible.

11. Risk Assessment

The school will identify and manage allergy-related risks through its Allergy Safety Policy, Individual Healthcare Plans (IHPs), Allergy Action Plans and Asthma Action Plans, where applicable.

Specific risk assessments will be undertaken where additional hazards are present, including educational visits, residential visits, off-site activities and any curriculum activities where there is a foreseeable risk of exposure to a known allergen.

Following any significant change in a pupil's medical needs, serious incident or near miss, the school will review the relevant control measures, IHP and associated plans as appropriate.

12. Record-Keeping and Communication

- All allergic reactions are recorded and reviewed;
- All Anaphylaxis incidents are recorded and reviewed;
- Medication administration recorded;
- Allergy exposure incidents recorded;
- Parents/carers/Emergency Contact are informed following any incident;
- Systems are in place to share relevant allergy information with staff;
- Policy/key procedures are published on the school website, as required under the new legislation.

Incident Records will include:

- who was involved;
- what happened;
- where and when it occurred;
- actions taken;
- emergency response provided.

All serious incidents and near misses will be reviewed by the H&S department and the Allergy Safety Lead to determine learning outcomes and ensure any remedial measures are recorded.

12.1 Information Sharing

The school will maintain an up-to-date allergy register. Information may include:

- photographs;
- allergens;
- prescribed medication;
- Individual Healthcare Plans;
- Allergy Action Plans.

Relevant information will be shared with:

- teaching staff;
- support staff;
- catering staff;
- trip leaders;
- first aiders.

Information will be shared in accordance with UK GDPR and Data Protection legislation.

12.2 Staff and Visitors

The school will take reasonable steps to identify staff and visitors with allergies where relevant.

Visitors may be asked in advance whether they have allergies that may require support during their visit.

The school's emergency procedures apply equally to staff, pupils and visitors.

12.3 Unacceptable Practice

The school will not:

- restrict access to prescribed emergency medication;
- ignore healthcare advice;
- assume all allergies require identical arrangements;
- exclude pupils from trips because of allergy without a suitable risk assessment;
- require parents to attend school to administer emergency medication;
- prevent access to extracurricular activities;
- send pupils experiencing an allergic reaction unaccompanied to an office or medical room;

- allow unnecessary barriers to participation in normal school life.

13. Policy Review

This policy will be:

- Reviewed annually as a minimum. Earlier in the event of a serious incident/near miss
- Updated in line with:
    - DfE statutory guidance;
    - Changes to legislation;
    - Feedback following incidents.

APPENDIX 1

TEMPLATE LETTER TO LOCAL PHARMACIES FOR THE SUPPLY OF AAIs

[Date]

We wish to purchase emergency Adrenaline Auto-injector devices for use in our school/college.

The adrenaline auto-injectors will be used in line with the manufacturer's instructions, for the emergency treatment of anaphylaxis in accordance with the Human Medicines (Amendment) Regulations 2017. This allows schools to purchase "spare" back-up adrenaline auto-injectors for the emergency treatment of anaphylaxis. (Further information can be found at www.sparepensinschools.uk).

Please supply the following devices:

Brand name*		Dose* (State milligrams or micrograms)	Quantity required
	Adrenaline auto-injector device		
	Adrenaline auto-injector device		

Signed: _____ Date: _____

Print name:

Head Teacher/Principal

*AAIs are available in different doses and devices. Schools may wish to purchase the brand most commonly prescribed to its pupils (to reduce confusion and assist with training). Guidance from the Department of Health and Social Care to schools recommends:

For children aged under 6 years:	**For children aged 6-12 years:**	**For teenagers aged 12+ years:**
EpiPen Junior 150 microgram **or** Jext 150 microgram	EpiPen 300 microgram **or** Jext 300 microgram	EpiPen 300 microgram **or** Jext 300 microgram

APPENDIX 2 - DFE Issued Anaphylaxis Response Procedures



Figure 2: Management of anaphylaxis

Responding to an allergic reaction and anaphylaxis

Mild to moderate allergic reactions which do not involve **A**irway/**B**reathing/**C**irculation can be treated with oral antihistamines. For a child or young person, telephone their parent or emergency contact to tell them about the reaction. Do not leave the child or young person unattended. The child or young person does not normally need to be sent home or require urgent medical attention. They should be observed in a safe place for at least 60 minutes after reaction, as mild reactions can sometimes develop into anaphylaxis.

APPENDIX 3

Categorisation of Incidents

In the context of this policy when looking at Allergy related incidents:

A **serious incident** is:

An event relating directly to a medical condition or allergy in which a child, young person, staff member or visitor is harmed, or placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A **near miss** is:

An event relating directly to a medical condition or allergy that did not result in harm but had the clear potential to do so had circumstances been slightly different.

What Should be Classified as a Serious Incident

Automatic Serious Incidents

Automatically categorises the following as serious incidents:

- Any use of an AAI (prescribed or spare);
- Any suspected or confirmed anaphylaxis;
- Any 999 call relating to an allergic reaction;
- Any attendance at A&E following an allergic reaction;
- Any administration of a spare AAI;
- Any reaction resulting from a failure of school systems or procedures;
- Any allergic reaction requiring urgent medical assessment.

Examples

- Child given an allergen by mistake and develops anaphylaxis;
- Child's own pens cannot be located and a spare pen has to be used;
- Child experiences airway swelling after lunch and receives adrenaline;
- Visitor suffers anaphylaxis at an event and emergency services attend.

All would meet the DfE threshold for a serious incident.

What Should Classify as a Near Miss

These are often more important from a governance perspective because they can reveal system weaknesses before someone gets hurt.

Examples

- A pupil is served food containing a known allergen but identifies it before eating it;
- Catering staff discover the wrong allergy meal has been plated just before service;
- A child arrives at an educational visit without their prescribed AAIs;
- A member of staff cannot immediately locate an emergency anaphylaxis kit during a drill or emergency;
- A spare AAI is found to be out of date during an emergency equipment check;
- A pupil with severe allergy is accidentally given another child's lunch but notices before eating it;
- An allergy action plan is found to be out of date following a reaction;
- New staff who supervise lunch have not received allergy awareness training.

What Should NOT Classify as a Serious Incident or Near Miss

The DfE provides an example of this.

For example:

- Child touches an allergen and develops a mild rash;
- Child experiences mild hives;
- Child requires antihistamine only;
- No **airway**, **breathing** or **circulation** symptoms;
- No emergency treatment required.

These should still be recorded and reviewed locally by the Allergy Safety Lead, but they would usually be treated as **Allergy incidents** rather than **Serious incidents**.

Practical Categorisation

There are four categories as follows:

Level 1 – Allergy Concern

- Query about ingredients;
- Exposure with no symptoms;
- Parental report requiring monitoring.

Record Allergy concerns locally. Inform school Allergy Safety Lead

Level 2 – Allergy Incident

- Mild reaction;
- Antihistamine administered;
- No emergency response.

Record Allergy incident locally. Inform school Allergy Safety lead

Level 3 – Near Miss

- Potential for significant harm;
- No actual injury;
- System or procedural failure identified.

Record on Trust Amber Near Miss online form
Submission will trigger review and investigation by H&S

Level 4 – Serious Incident

- Anaphylaxis;
- AAI administration;
- Ambulance attendance;
- Hospital treatment;
- Significant risk of death or serious harm.

Record on Trust Red Serious Incident online form
Submission will trigger review and investigation by H&S

This approach aligns with the DfE's emphasis on recording, investigating and learning from both serious incidents and near misses and gives the school a clear escalation framework.

Note: any administration of adrenaline, **any ambulance call**, and **any allergen exposure resulting from a school process failure** is automatically reportable to the Allergy Safety Lead, H&S department and included in termly Trust governance reporting.