



Allergen and Anaphylaxis Policy

Policy in place: July 2026

Review date: July 2027

Statement of intent

Endon Hall Primary and Nursery School strives to ensure the safety and wellbeing of all members of the school community. For this reason, this policy is to be adhered to by all staff members, parents and children, with the intention of minimising the risk of anaphylaxis occurring whilst at school.

In order to effectively implement this policy and ensure the necessary control measures are in place, parents are responsible for working alongside the school in identifying allergens and potential risks, in order to ensure the health and safety of their children.

The school does not guarantee a completely allergen-free environment; however, this policy will be utilised to minimise the risk of exposure to allergens, encourage self-responsibility, and plan for an effective response to possible emergencies.

1. Legal framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- Department of Health 'Guidance on the use of adrenaline auto-injectors in schools'
- DfE 'Supporting pupils at school with medical conditions'
- DfE 'Allergy guidance for schools'

This policy will be implemented in conjunction with the following school policies and documents:

- Health & Safety Policy
- Administering Medication Policy
- Supporting Pupils with Medical Conditions Policy
- Educational Visits and School Trips Policy
- Allergen and Anaphylaxis Risk Assessment

1. Definitions

For the purpose of this policy:

Allergy – is a condition in which the body has an exaggerated response to a substance. This is also known as hypersensitivity.

Allergen – is a normally harmless substance that triggers an allergic reaction for a susceptible person.

Allergic reaction – is the body's reaction to an allergen and can be identified by, but not limited to, the following symptoms:

- Hives

- Generalised flushing of the skin
- Itching and tingling of the skin
- Tingling in and around the mouth
- Burning sensation in the mouth
- Swelling of the throat, mouth or face
- Feeling wheezy
- Abdominal pain
- Rising anxiety
- Nausea and vomiting
- Alterations in heart rate
- Feeling of weakness

Anaphylaxis – is also referred to as anaphylactic shock, which is a sudden, severe and potentially life-threatening allergic reaction. This kind of reaction may include the following symptoms:

- Persistent cough
- Throat tightness
- Change in voice e.g. hoarse or croaky sounds
- Wheeze (whistling noise due to a narrowed airway)
- Difficulty swallowing/speaking
- Swollen tongue
- Difficult or noisy breathing
- Chest tightness
- Feeling dizzy or faint
- Suddenly becoming sleepy, unconscious or collapsing
- For infants and younger pupils, becoming pale or floppy

2. Roles and responsibilities

The Governing Board is responsible for:

- Ensuring that policies, plans, and procedures are in place to support pupils with allergies and those who are at risk of anaphylaxis and that these arrangements are sufficient to meet statutory responsibilities and minimise risks.
- Ensuring that the school's approach to allergies and anaphylaxis focusses on, and accounts for, the needs of each individual child.
- Ensuring that staff are properly trained to provide the support that children need, and that they receive allergy and anaphylaxis training at least annually.
- Monitoring the effectiveness of this policy and reviewing it on an annual basis, and after any incident where a child experiences an allergic reaction.

The Headteacher is responsible for:

- The development, implementation and monitoring of this policy and related policies.
- Ensuring that parents/carers are informed of their responsibilities in relation to their child's allergies.
- Ensuring that all relevant risk assessments have been carried out and controls to mitigate risks are implemented.
- Ensuring that all designated first aiders are trained in the use of adrenaline auto-injectors (AAIs) and the management of anaphylaxis.

- Ensuring that all staff members are provided with information regarding allergic reactions and anaphylaxis, including the necessary precautions and how to respond.
- Ensuring that catering staff are aware of children's allergies and act in accordance with the school's policies regarding food and hygiene, including this policy.
- Having a clear system in place for the identification of pupils requiring medical diets. This will be in the form of a coloured band. This identification method is clear, consistent and can be easily recognised by catering staff, school staff, cover staff and/or agency staff to help ensure the correct meal is served to the correct pupil.

The SENDCo is responsible for:

- Ensuring that there are effective processes in place for medical information to be regularly updated and disseminated to relevant staff members, including supply and temporary staff.
- Seeking up-to-date medical information about each child via a medical form sent to parents on an annual basis, including information regarding any allergies.
- Contacting parents/carers for required medical documentation regarding a child's allergy.

All staff members are responsible for:

- Attending relevant training regarding allergens and anaphylaxis.
- Being familiar with and implementing children's Individual Healthcare Plans (IHPs) as appropriate.
- Responding immediately and appropriately in the event of a medical emergency.
- Reinforcing effective hygiene practices, including those in relation to the management of food.
- Monitoring all food supplied to pupils by both the school and parents.
- Ensuring that children do not share food and drink in order to prevent accidental contact with an allergen.

The kitchen supervisor is responsible for:

- Following approved menus, recipes, buying lists and Special Diets paperwork and must not make ad hoc substitutions or introduce alternative products for pupils requiring medical diet support.
- Ensuring that the catering provider operates in accordance with its food safety procedures and relevant food legislation regarding food labelling.
- Completing the Medical Diets checklist at each meal service for each child who requires a medical diet. If there is any uncertainty regarding a pupil's medical diet paperwork, menu or identification method, this must be raised with the appropriate Edwards & Ward manager or the Special Diets Team before serving from the special menu.
- Contacting the Edwards & Ward Operations Manager if further clarification regarding any aspect of the Edwards & Ward catering service, Medical Diets Policy or Special Diets process.

On-site catering teams must only provide medical diet meals and make menu adaptations that have been approved through the Edwards & Ward Special Diets process. Requests from schools, parents or carers to make changes outside the approved arrangements must not be actioned by the kitchen. These should be referred to the appropriate Edwards & Ward manager or the Special Diets Team for review and approval before any change is made.

Parents/carers are responsible for:

- Notifying the school of their child's allergens, the nature of the allergic reaction, what medication to administer, specified control measures and what can be done to prevent the occurrence of an allergic reaction.
- Keeping the school up-to-date with their child's medical information.
- Providing written consent for the use of a spare AAI.
- Providing the school with written medical documentation, including instructions for administering medication as directed by the child's doctor.
- Raising any concerns they may have about the management of their child's allergies with the classroom teacher.

All children are responsible for:

- Ensuring that they do not exchange food with other children.
- Avoiding food which they know they are allergic to, as well as any food with unknown ingredients.
- Notifying a member of staff immediately in the event they believe they are having an allergic reaction, even if the cause is unknown, or have come into contact with an allergen.

3. Food allergies (at lunchtime)

Edwards & Ward publishes standard menus and accompanying allergen information on its website to support transparency and provide general information about the meals served within our school. This information can be accessed by visiting the Edwards & Ward Menus & Allergens webpage.

The published allergen information relates to the standard school menus and is provided for general reference only. It must not be used to determine the suitability of meals for pupils requiring medically prescribed diets. Where a pupil has a food allergy, food intolerance, coeliac disease or other medically prescribed dietary requirement, the Edwards & Ward Special Diets registration process must be followed to ensure an individual assessment is completed and, where appropriate, a suitable menu is provided.

The school will signpost parents and carers to the Edwards & Ward Menus & Allergens webpage and Special Diets registration page rather than publishing separate copies of Edwards & Ward allergen information. This ensures that parents and carers always have access to the most up-to-date information.

All food tables will be disinfected before and after being used. Anti-bacterial wipes and cleaning fluid will be used.

Food labelling

- Edwards & Ward works closely with approved suppliers to minimise the use of products carrying precautionary allergen statements (for example, "may contain") within its standard primary school menus. Products carrying the precautionary allergen statements "may contain nuts" or "may contain peanuts" are not approved for use within the Edwards & Ward primary school buying list.
- When developing Special Menus, Edwards & Ward applies an all-or-nothing approach to precautionary allergen labelling. Any product carrying a precautionary allergen statement relating to a pupil's medical diet is treated as containing that allergen and is therefore excluded from the approved menu. These controls form an integral part of Edwards & Ward's allergen management system and support the safe provision of meals for pupils requiring medically prescribed diets.

Declared allergens

The following allergens will be declared and listed on all PPDS foods in a clearly legible format:

- Cereals containing gluten and wheat e.g. spelt, rye and barley
- Crustaceans e.g. crabs, prawns, lobsters
- Nuts, including almonds, hazelnuts, walnuts, cashews, pecan nuts, brazil nuts and pistachio nuts
- Celery
- Eggs
- Fish
- Peanuts
- Soybeans
- Milk
- Mustard
- Sesame seeds
- Sulphur dioxide and sulphites at concentrations of more than 10mg/kg or 10mg/L in terms of total sulphur dioxide
- Lupin
- Molluscs e.g. mussels, oysters, squid, snails

As part of the product approval process, all products are reviewed against the 14 regulated allergens in accordance with current food information legislation.

Where Edwards & Ward prepares food that falls within the definition of Prepacked for Direct Sale (PPDS), such as packed lunches for educational visits where applicable, we will comply with the Food Information (Amendment) (England) Regulations 2019 (Natasha's Law). Where required, PPDS foods will display a full ingredients list with the 14 regulated allergens clearly emphasised in accordance with current legislation.

Where appropriate, consideration is routinely given to pupils with medically diagnosed allergies or dietary requirements beyond the 14 regulated allergens where these are known to Edwards & Ward through the Special Diets registration process. This helps minimise the impact of future product changes on pupils already receiving approved medical diets.

Medical diet requests relating to allergens outside the 14 mandatory listed allergens under Food Information Regulations, including retained Regulation (EU) No. 1169/2011 will be reviewed via the medical diet risk assessment process, but we reserve the right to decline these if the risk is deemed too great, or if they cannot be catered for by making reasonable adjustments.

Where Edwards & Ward prepares food that falls within the definition of Prepacked for Direct Sale (PPDS), we comply with the requirements of the Food Information (Amendment) (England) Regulations 2019 (Natasha's Law).

Changes to ingredients and food packaging

Our catering provider, Edwards & Ward, is responsible for reviewing the allergen implications of menu changes, product substitutions and recipe amendments within its catering service.

This responsibility sits with the Edwards & Ward Special Diets Team, Company Nutritionist and/or senior management team as appropriate. Onsite catering teams must follow approved menus, recipes, buying lists and special diet paperwork and must not make ad hoc substitutions for pupils with medical diets.

Where changes affect approved medical diets, allergen information and individual menus will be reviewed and updated as necessary before the revised product or recipe is introduced. Schools will be informed where any action is required locally as a result of a significant menu or product change affecting registered medical diets.

Medical diets which are not allergen-related, such as diabetes, texture-modified dysphagia, autism, and phenylketonuria, are also managed by our in-house Registered Nutritionist and will be considered on a case-by-case basis.

Religious and cultural diets are not classed as medical diets and therefore should not be registered via our online form. Most religious and cultural diets can be catered for with our vegetarian or vegan menus. Parents and carers should notify the school, which is responsible for communicating this to the on-site catering team.

Food allergies (at breacktime)

Where a child has a severe allergy, parents/carers of all children in that class will be notified. To minimise the risk of exposure, we would then ask parents not to send in any items of food or otherwise which contain that substance.

Learning activities

Learning activities which involve the use of food, such as food technology lessons, will be planned in accordance with pupils' IHPs, taking into account any known allergies of the children involved.

Celebrations

During times of celebration, staff will use non-food treats to create a safe and inclusive environment. Food items must not be brought into school to distribute to class mates as part of birthday or other celebrations. If these items are sent in, they will be returned.

4. Animal allergies

Children with known allergies to specific animals will have restricted access to those that may trigger a response.

In the event of an animal on the school site, staff members will be made aware of any children to whom this may pose a risk and will be responsible for ensuring that the child does not come into contact with the specified allergen.

The school will ensure that any child or staff member who comes into contact with the animal washes their hands thoroughly to minimise the risk of the allergen spreading.

A supply of antihistamine medication will be kept in the school office in case of an allergic reaction.

5. Seasonal allergies

The term 'seasonal allergies' refers to common outdoor allergies, including hay fever and insect bites.

Precautions regarding the prevention of seasonal allergies include ensuring that grass within the school premises is not mown whilst children are outside.

Children with severe seasonal allergies will be provided with an indoor supervised space to spend their break and lunchtimes, avoiding contact with outside allergens.

Staff members will monitor pollen counts, making a professional judgement as to whether the child should stay indoors.

Children will be encouraged to wash their hands after playing outside.

Children with known seasonal allergies are encouraged to bring an additional set of clothing to school to change in to after playing outside, with the aim of reducing contact with outdoor allergens, such as pollen.

Staff members will be diligent in the management of wasp, bee and ant nests on school grounds and in the school's nearby proximity, reporting any concerns to the site manager.

The site manager is responsible for ensuring the appropriate removal of wasp, bee and ant nests on and around the school premises.

Where a child with a known allergy is stung or bitten by an insect, medical attention will be given immediately.

6. Adrenaline auto-injectors (AAIs)

Pupils who suffer from severe allergic reactions may be prescribed an AAI for use in the event of an emergency.

Under The Human Medicines (Amendment) Regulations 2017 the school is able to purchase AAI devices without a prescription, for emergency use on pupils who are at risk of anaphylaxis, but whose device is not available or is not working.

The school will purchase spare AAIs from a pharmaceutical supplier, such as the local pharmacy.

The school will submit a request, signed by the headteacher, to the pharmaceutical supplier when purchasing AAIs, which outlines:

- The name of the school
- The purposes for which the product is required
- The total quantity required

The Headteacher, in conjunction with advice from the School Nursing Team, will decide which brands of AAI to purchase.

Where possible, the school will hold one brand of AAI to avoid confusion with administration and training; however, subject to the brands children are prescribed, the school may decide to purchase multiple brands.

The school will purchase AAIs in accordance with age-based criteria, relevant to the age of children at risk of anaphylaxis, to ensure the correct dosage requirements are adhered to. These are as follows:

- For pupils under age 6: 0.15 milligrams of adrenaline
- For pupils aged 6-12: 0.3 milligrams of adrenaline

Spare AAIs are stored as part of an emergency anaphylaxis kit, which includes the following:

- One or more AAIs
- Instructions on how to use the device(s)
- Instructions on the storage of the device(s)
- Manufacturer's information
- A checklist of injectors, identified by the batch number and expiry date, alongside records of monthly checks
- A note of the arrangements for replacing the injectors
- A list of pupils to whom the AAI can be administered

- An administration record

Children who have prescribed AAI devices, and are over the age of seven, are able to keep their device in their possession. For children under the age of seven who have prescribed AAI devices, these are stored in a suitably safe and easily accessible location.

Spare AAIs are not located more than **five** minutes away from where they may be required. The emergency anaphylaxis kit(s) can be found at the following locations:

- **The school hall**

All staff have access to AAI devices, but these are out of reach and inaccessible to pupils – AAI devices are not locked away where access is restricted.

All spare AAI devices will be clearly labelled to avoid confusion with any device prescribed to a named pupil.

In line with manufacturer's guidelines, all AAI devices are stored at room temperature in line with manufacturer's guidelines, protected from direct sunlight and extreme temperature.

The following staff members are responsible for maintaining the emergency anaphylaxis kit(s): **Mrs V Pickering**

The above staff member conducts a **monthly** check of the emergency anaphylaxis kit(s) to ensure that:

- Spare AAI devices are present and have not expired
- Replacement AAIs are obtained when expiry dates are approaching

The following staff member is responsible for overseeing the protocol for the use of spare AAIs, its monitoring and implementation, and for maintaining the Register of AAIs: **Mrs G Fairhall**.

Any used or expired AAIs are disposed of after use in accordance with manufacturer's instructions.

Used AAIs may also be given to paramedics upon arrival, in the event of a severe allergic reaction, in accordance with this policy.

A sharps bin is utilised where used or expired AAIs are disposed of on the school premises.

Where any AAIs are used, the following information will be recorded on the AAI Record:

- Where and when the reaction took place
- How much medication was given and by whom

7. Access to spare AAIs

Spare AAI devices are stored in the school hall for emergency use. All staff receive annual training on how to safely use these devices. Prior consent is not required during an emergency situation.

8. School visits

The Headteacher will ensure a risk assessment is conducted for each school visit to address children with known allergies attending. All activities on the school trip will be risk assessed to see if they pose a threat to any children with allergies and alternative activities will be planned where necessary to ensure the children are included.

The school will speak to the parents/carers of children with allergies where appropriate to ensure their co-operation with any special arrangements required for the visit.

A designated adult will be available to support the child at all times during a school visit.

If the child has been prescribed an AAI, at least one adult trained in administering the device will attend the trip. The child's medication will be taken on the visit and stored securely.

A member of staff will be assigned responsibility for ensuring that the child's medication is carried at all times throughout the visit.

Two AAls will be taken on the visit and will be easily accessible at all times.

Where the venue or site being visited cannot assure appropriate food can be provided to cater for children's allergies, the child will take their own food or the school will provide a suitable packed lunch.

9. Medical attention and required support

Once a child's allergies have been identified, a meeting/discussion will be set up between the child's parents/carers, the relevant classroom teacher and any other relevant staff members, in which the child's allergies will be discussed and a plan of appropriate action/support will be developed.

All medical attention, including that in relation to administering medication, will be conducted in accordance with the Administering Medication Policy and the Supporting Pupils with Medical Conditions Policy.

Parents/carers will provide the school with any necessary medication, ensuring that this is clearly labelled with the child's name, class, expiration date and instructions for administering it.

Children will not be able to attend school or educational visits without any life-saving medication that they may have, such as AAls.

All members of staff involved with a child with a known allergy are aware of the location of emergency medication and the necessary action to take in the event of an allergic reaction.

Any specified support which the child may require will be outlined in their IHP.

All staff members providing support to a child with a known medical condition, including those in relation to allergens, will be familiar with the child's IHP.

Mrs G Fairhall is responsible for working alongside relevant staff members and parents/carers in order to develop IHPs for pupils with allergies, ensuring that any necessary support is provided and the required documentation is completed, including risk assessments being undertaken.

Mrs G Fairhall has overall responsibility for ensuring that IHPs are implemented, monitored and communicated to the relevant members of the school community.

10. Staff training

All staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so.

In accordance with the Supporting Pupils with Medical Conditions Policy, staff members will receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

The school will arrange specialist training on an annual basis where a child in the school has been diagnosed as being at risk of anaphylaxis.

Our catering provider, Edwards & Ward, ensure that catering staff receive appropriate training in allergen management, food safety and the safe preparation and service of medical diets. Training is reviewed regularly and updated to reflect changes in legislation, guidance, company procedures and best practice.

Designated staff members will be taught to:

- Recognise the range of signs and symptoms of severe allergic reactions
- Respond appropriately to a request for help from another member of staff
- Recognise when emergency action is necessary
- Administer AAls according to the manufacturer's instructions
- Make appropriate records of allergic reactions

All staff members will:

- Be trained to recognise the range of signs and symptoms of an allergic reaction

- Understand how quickly anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis can occur with prior mild to moderate symptoms
- Understand that AAI should be administered without delay as soon as anaphylaxis occurs
- Understand how to check if a pupil is on the Register of AAIs
- Understand how to access AAIs
- Understand who the designated members of staff are, and how to access their help
- Understand that it may be necessary for staff members other than designated staff members to administer AAIs, e.g. in the event of a delay in response from the designated staff members, or a life-threatening situation.
- Be aware of how to administer an AAI should it be necessary
- Be aware of the provisions of this policy

11. Mild to moderate allergic reaction

Mild to moderate symptoms of an allergic reaction include the following:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

If any of the above symptoms occur in a child, the nearest adult will stay with the child and refer to their IHP to determine appropriate next steps.

The child's parents will be contacted immediately if a child suffers a mild to moderate allergic reaction, and if any medication has been administered.

In the event that a child without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services.

For mild to moderate allergy symptoms, the child's IHP will be followed and the pupil will be monitored closely to ensure the reaction does not progress into anaphylaxis.

Should the reaction progress into anaphylaxis, the school will act in accordance with this policy. Where the child is required to go to the hospital, an ambulance will be called.

12. Managing anaphylaxis

In the event of anaphylaxis, the nearest adult will lay the child flat on the floor and try to ensure the pupil suffering an allergic reaction remains as still as possible; if the child is feeling weak, dizzy, appears pale and is sweating their legs will be raised. A designated staff member will be called for help and the emergency services contacted immediately. The designated staff member will administer an AAI to the child. Spare AAIs will only be administered if appropriate consent has been received.

Where there is any delay in contacting designated staff members, the nearest staff member will administer the AAI.

If necessary, other staff members may assist the designated staff members with administering AAIs.

A member of staff will stay with the child until the emergency services arrive – the child will remain lying flat and still, with their legs raised at right angles using a chair as a rest. If the child's condition deteriorates after initially contacting the emergency services, a second call will be made to ensure an ambulance has been dispatched.

The Headteacher will be contacted immediately, as well as a suitably trained individual, such as a first aider.

If the child stops breathing, a suitably trained member of staff will administer CPR.

If there is no improvement after five minutes, a further dose of adrenaline will be administered using another AAI, if available.

In the event that a child without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services.

A designated staff member will contact the child's parents/carers as soon as is possible.

Upon arrival of the emergency services, the following information will be provided:

- Any known allergens the child has
- The possible causes of the reaction e.g. certain food
- The time the AAI was administered – including the time of the second dose, if this was administered

Any used AAI's will be given to paramedics.

Staff members will ensure that the child is given plenty of space, moving other pupils to a different room where necessary.

Staff members will remain calm, ensuring that the child feels comfortable and is appropriately supported.

A member of staff will accompany the child to hospital in the absence of their parents.

If a child is taken to hospital by ambulance, **two** members of staff will accompany them.

A copy of the Register of AAI's will be held on the Staff Shared area for easy access in the event of an allergic reaction.

Following the occurrence of an allergic reaction, the SLT, in conjunction with the school nurse, will review the adequacy of the school's response and will consider the need for any additional support, training or other corrective action.

13. Monitoring and review

The SENDCo is responsible for reviewing this policy **annually**.

The effectiveness of this policy will be monitored and evaluated by all members of staff. Any concerns will be reported to the headteacher immediately.

Following each occurrence of an allergic reaction, this policy and child's IHPs will be updated and amended as necessary.