Leyland St James' CE Primary School and Nursery

Allergy and Anaphylaxis Policy

Approved by:	Chris Howarth	**Date:** 29/4/26
Last reviewed on:	April 2026	
Next review due by:	April 2028	

Introduction:

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more severe reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to):- Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect Venom, Pollen and Animal Dander.

This policy sets out how Leyland St James Primary School and Nursery will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life and followings the DfE guidance; Allergy safety in schools - GOV.UK (June 2026).

EPIPENS IN SCHOOL

A QUICK GUIDE FOR STAFF

Be prepared. Act quickly. Save a life.

MILD TO MODERATE ALLERGIC REACTION

Signs may include:

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

Action:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact

! Monitor the child closely. Symptoms can get worse quickly.

WATCH FOR SIGNS OF ANAPHYLAXIS (LIFE-THREATENING ALLERGIC REACTION)

AIRWAY:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing Wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ARE PRESENT:

1. **Lie child flat with legs raised** (if breathing is difficult, allow child to sit) ✓
2. **Use adrenaline autoinjector*** **without delay** ✓
3. **Dial 999** to request ambulance and say ANAPHYLAXIS ✗

*** IF IN DOUBT, GIVE ADRENALINE ***

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives. Do NOT stand child up.
2. Commence CPR if there are no signs of life.
3. Phone parent/ emergency contact.
4. If no improvement after 5 minutes, give a further dose of adrenaline using another autoinjector device, if available.

HOW TO USE AN EPIPEN® (ADRENALINE AUTOINJECTOR)

1. Remove blue safety cap.
2. Hold orange tip near outer thigh (through clothing if necessary).
3. Push down hard until you hear a click.
4. Hold in place for 10 seconds.
5. Remove and massage the injection site.

REMEMBER

- ✓ Act fast
- ✓ Follow the child's individual healthcare plan
- ✓ Stay calm
- ✓ You could save a life

! **Anaphylaxis may occur without mild signs:**
ALWAYS use adrenaline autoinjector FIRST
in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

Aims

This policy aims to:

- Set out our school's approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

Legislation and guidance

This policy is based on the Department for Education (DfE)'s guidance on allergies in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

Roles and responsibilities

We take a whole-school approach to allergy awareness.

Allergy lead

The nominated allergy lead is **Nicola Stewart**, our Assistant Headteacher and SENDCO.

They are responsible for:

- Promoting and maintaining allergy awareness across our school community.
- Recording and collating allergy and special dietary information for all relevant pupils (although the allergy lead has ultimate responsibility, the information collection itself may be delegated to the medical officer / the school nurse / administrative staff)

Ensuring:

- All allergy information is up to date and readily available to relevant members of staff.
- All pupils with allergies have an allergy action plan completed by a medical professional.
- All staff receive an appropriate level of allergy training.
- All staff are aware of the school's policy and procedures regarding allergies.
- Relevant staff are aware of what activities need an allergy risk assessment.
- Keeping stock of the school's adrenaline auto-injectors (AAIs)
- Regularly reviewing and updating the allergy policy

School nurse/medical officer

The school nurse/medical officer is responsible for:

- Co-ordinating the paperwork and information from families
- Co-ordinating medication with families
- Checking spare AAIs are in date
- Any other appropriate tasks delegated by the allergy lead

Staff Responsibilities

All teaching, support staff and catering staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training as required
- Each classroom will contain an allergy book with pictures of children's faces and their allergies. This will also contain any key information such as Allergy Plans.
- The school cook will have a one-page profile of children and their allergies so they are ready and able to check for allergies in advance of serving.
- Being aware of specific pupils with allergies in their care
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of pupils with allergies
- Visitors into school with allergies e.g. work experience.
- 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.

Nicola Stewart and James Atherton are responsible for sharing the training with all staff from the NHS School Nursing Team. This training will be completed on the first day back in September 2026.

- 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 visit.

- SENCO *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 in in date however the School SENCO will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

- SENCO 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.

- SENCO ensures that any reaction or near misses is recorded and reported internally or in accordance with RIDDOR.

Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy policy.
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis.
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner.
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included.
- Following the school's guidance on food brought in to be shared.
- Updating the school on any changes to their child's condition.

Pupils with allergies

These pupils are responsible for:

- Being aware of their allergens and the risks they pose.
- Understanding how and when to use their adrenaline auto-injector.
- If age-appropriate, carrying their adrenaline auto-injector on their person and only using it for its intended purpose.

Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Older pupils might also be expected to support their peers and staff in the case of an emergency.

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.

Allergy Action Plans

Allergy action plans are designed to function as individual healthcare plans for children with food 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.

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.

Supply, storage and care of medication

For younger children, 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 **SENCO** 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.

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 clinical waste contractor**.** The sharps bin is kept in the front school office.

‘Spare’ adrenaline auto-injectors in school

Leyland St James Primary School and Nursery has purchased **ADRENALINE AUTO-INJECTOR 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 Hall** (next to the Defibulator) and **outside the Nursery Kitchen**, clearly labelled ‘Emergency Allergy Medication’. These are kept safely, not locked away and are **accessible and known to all staff.**

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

The **Headteacher** is responsible for communicating to all staff members where the **ADRENALINE AUTO-INJECTOR** is 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.

Managing risk

Hygiene procedures

- Pupils are reminded to wash their hands before and after eating
- Sharing of food is not allowed
- Pupils have their own named water bottles

Catering Procedures

The procedure for children with food allergies has been reviewed and risk assessed alongside professionals including:

- The designated safeguarding leads: **Mr Atherton and Mrs Stewart**
- Lancashire Safeguarding Advisor: **Mrs Lewis**
- Caterlink Health and Safety Team: **Mr Wilson**

Prior to updating the policy and procedures, school took time to research safe approaches to protecting children against allergies. We have taken advice from professionals as well as parents

who have children with allergies. School currently use **Caterlink** as our catering provider, their website can be accessed here:

https://caterlinkltd.co.uk/

Lunchtime Procedures

Below is a list of procedures all staff follow throughout the school day to ensure we maintain to protect our children from the risk of allergies:

1. Children are informed each morning of the menu available for the forthcoming day, which is bespoke to the child's allergy (check 1)
2. This information is collated by the office ensuring the food choice is suitable and allergy free (check 2)
3. This then passed on to the chef to begin preparing the food. During the handover, the chef confirms these choices are correct and within the allergy guidelines (check 3)
4. At lunchtime, each child has a purple allergy lanyard which states their name and allergy, this is used to highlight allergies and spread awareness to all staff (check 4)
5. Children with allergies are brought to the front of the dinner queue, using a purple tray along with their purple lanyard to ensure the chef serves the correct food (check 5)
6. Additionally, there are photographs of each child in the kitchen with clearly labelled allergies to support the kitchen staff with serving (check 6)
7. It is the chef's responsibility to place food on the purple trays for those children with allergies – no other staff member is permitted to do this. (check 7)

NB: All parents complete an online medical form to school and Caterlink which provides medical evidence of their child's allergy.

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies:

- Catering staff receive appropriate training and are able to identify pupils with allergies.
- School menus are available for parents/carers to view with ingredients clearly labelled.
- Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils.
- The food matrix book is on site to trace all recipes and foods to identify and quality assurance against allergies.
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA).

- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

Food restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, we would like to encourage pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds

If a pupil brings these foods into school, they may be asked to eat them away from others to minimise the risk, or the food may be confiscated.

Pop up events such as ice cream selling and enterprise events will not sell nuts.

Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered

Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact.
- Pupils with animal allergies will not interact with animals.
- The school's therapy dog is a labradoodle and considered hypoallergenic, however, it is risk assessed to be viewed as not 100% allergy-free.

Events and school trips

- For events, including ones that take place outside of the school, and school trips, no pupils with allergies will be excluded from taking part.
- The school will plan accordingly for all events and school trips, and arrange for the staff members involved to be aware of pupils' allergies, be in possession of emergency asthma packs and anti-histamines and to have received adequate training.
- Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips (see section 7.5).

Procedures for handling an allergic reaction

Register of pupils with AAIs

The school maintains a register of pupils who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed AAI(s) (and if so, what type and dose)
- Where a pupil has been prescribed an AAI, whether parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the pupil
- A photograph of each pupil to allow a visual check to be made (this will require parental consent)
- The register is kept in every classroom and can be checked quickly by any member of staff as part of initiating an emergency response.
- Allowing all pupils to keep their AAIs with them will reduce delays and allows for confirmation of consent without the need to check the register.

Allergic reaction procedures

- As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately
- Staff are trained in the administration of AAIs to minimise delays in pupil's receiving adrenaline in an emergency
- If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's allergy action plan
- If an AAI needs to be administered, a member of staff will use the pupil's own AAI, or if it is not available, a school one
- If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency following the NHS guidelines and procedures https://www.nhs.uk/conditions/anaphylaxis/

A school AAI device will be used instead of the pupil's own AAI device if:

- Medical authorisation and written parental consent have been provided, or
- The pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered)

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance

If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents/carers informed

Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy

Useful Links

Allergy safety in schools - GOV.UK (June 2026)

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