



## Allergies and Anaphylaxis Policy 2026-2027

| Anaphylaxis Policy       |                                                                                    |
|--------------------------|------------------------------------------------------------------------------------|
| Policy Updated:          | July 2026                                                                          |
| Date of next Review      | July 2027                                                                          |
| Signature (Headteacher): |  |

### 1. 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. Warrender is an allergy aware school.
- Promote and maintain allergy awareness among the school community

### 2. 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](#)

### 3. Roles and responsibilities

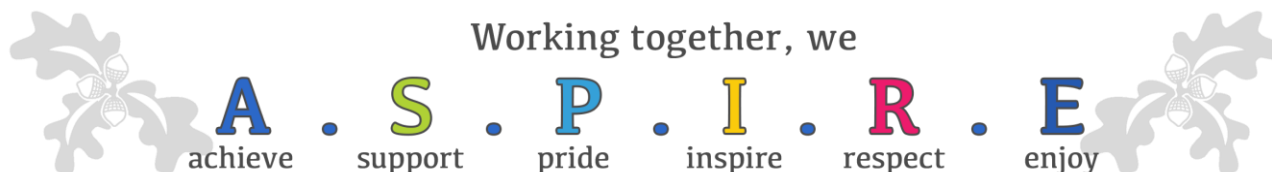
We take a whole-school approach to allergy awareness.

#### 3.1 Allergy lead

The nominated allergy lead is the headteacher with support from the Welfare Officer.

They're responsible for:

- Promoting and maintaining allergy awareness across our school community
- Recording and collating allergy and special dietary information for all relevant pupils





- Ensuring all allergy information is up-to-date and readily available to relevant members of staff
- Ensuring all pupils with allergies have an individual care plan (IHP) completed by a medical professional
- Ensuring medical bags contain medication for individual children with their photo, name, treatment plan and emergency contact details.
- Keeping a record of expiry dates for individual children's **Adrenaline Auto-Injector (AAI)**
- Ensuring all staff receive an appropriate level of allergy training and are aware of school's policy and procedures regarding allergies
- Ensuring that relevant staff are aware of what activities need an allergy risk assessment
- Maintaining stock of the school's adrenaline auto-injectors (AAIs)
- Regularly reviewing and updating the allergy policy
- Visitors who work with a child on 1:1 basis must have allergy training

### 3.2 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

### 3.3 Teaching and support staff

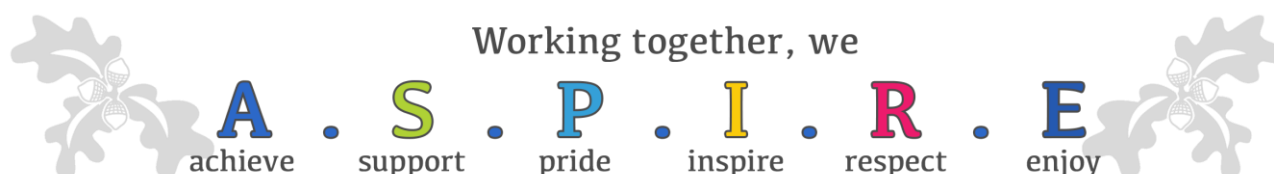
All teaching and support staff are responsible for:

- 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
- Being aware of specific pupils with allergies in their care including educational trips and residential
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of pupils with allergies
- Making the school aware if they have allergies

### 3.4 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. Parents are responsible for ensuring the school has in-date medication for their child
- 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

### 3.5 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

### 3.6 Pupils without allergies

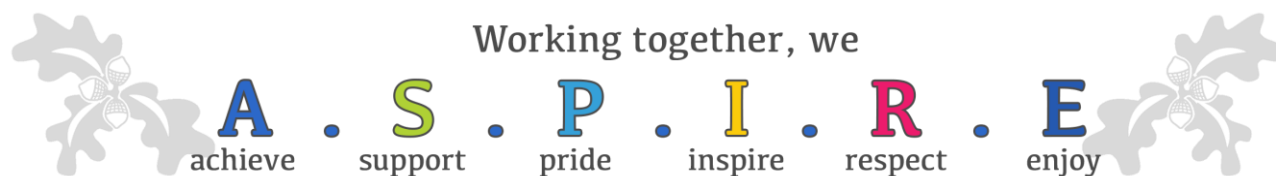
These pupils are responsible for:

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

This policy will be published under the policy section on Warrender's website.

## 4. Assessing risk

Common allergies are outlined below:





|      |     |       |                 |        |        |             |          |      |         |         |        |        |          |
|------|-----|-------|-----------------|--------|--------|-------------|----------|------|---------|---------|--------|--------|----------|
| Milk | Egg | Lupin | Sulphur Dioxide | Gluten | Celery | Crustaceans | Molluscs | Fish | Mustard | Soybean | Peanut | Sesame | Treenuts |
|      |     |       |                 |        |        |             |          |      |         |         |        |        |          |

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events (local trips) and educational school trips including residential trips
- Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog. All risk assessments to include protocol for response to an undiagnosed allergic reaction.

Visitors, when signing in, should register any known food allergies with the school by speaking directly to the Office staff who can check that they have the required medication with them and share that the school has two emergency AAls.

## 5. Managing risk

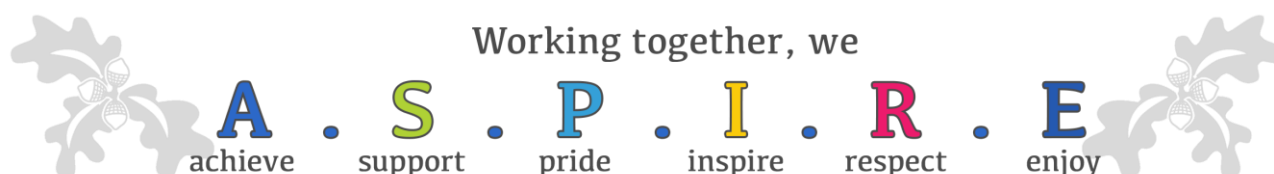
### 5.1 Hygiene procedures

To prevent contamination at Warrender, the following will take place:

- Pupils are reminded to wash their hands before and after eating
- Sharing of food is not allowed
- Pupils have their own named water bottles
- Lunch tables will be wiped down with antibacterial spray before the next class enter for lunch

### 5.2 Catering

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
- Catering company will only serve meals in accordance with their allergen records
- Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils
- 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

### 5.3 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 (eg Nutella and Kinder Bueno )
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds ( including hummus)

If a pupil brings these foods into school, these foods will be thrown away and children will be offered something in replacement.

### 5.4 Insect bites/stings

When outdoors:

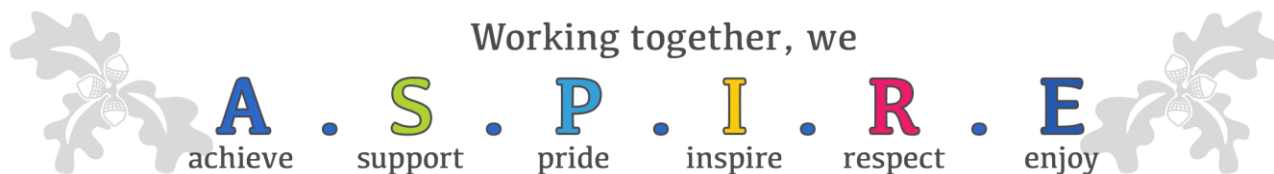
- Shoes should always be worn
- Food and drink should be covered
- Staff to cordon off areas of the outdoors in response to observations where there may be increased amount of insects

### 5.5 Animals

- All pupils will always wash hands after interacting with animals (Pet Therapy, and Farm visits) to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals

### 5.6 Support for mental health

Pupils with allergies will have additional support through:





- Pastoral care
- Regular check-ins with their class teachers

## 5.7 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 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 8.5).
- A check will be completed after the kit is returned from a trip.

## 6. Procedures for handling an allergic reaction

Symptoms of anaphylaxis can happen very quickly.

They usually start within minutes of coming into contact with something you're allergic to, such as a food, medicine or insect sting.

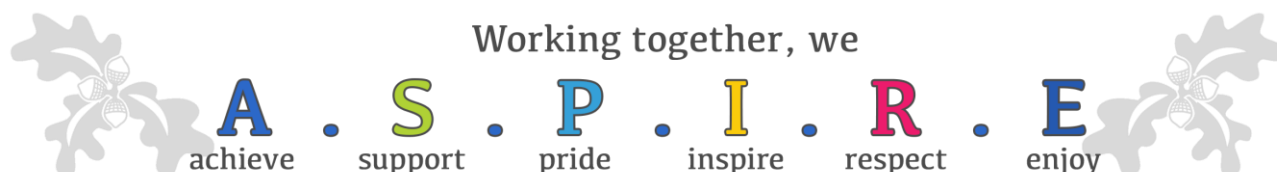
Symptoms include:

- swelling of your throat and tongue
- difficulty breathing or breathing very fast
- difficulty swallowing, tightness in your throat or a hoarse voice
- wheezing, coughing or noisy breathing
- feeling tired or confused
- feeling faint, dizzy or fainting
- skin that feels cold to the touch
- blue, grey or pale skin, lips or tongue – if you have brown or black skin, this may be easier to see on the palms of your hands or soles of your feet

### 6.1 Register of pupils with AAls

Any child identified as being at risk of an anaphylactic reaction must have a healthcare plan in place, provided by the child's Allergy Consultant or NHS Trust. The healthcare plan must identify the child's individual risk factors and set out a detailed action plan specific to that child in the event of a suspected reaction.

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

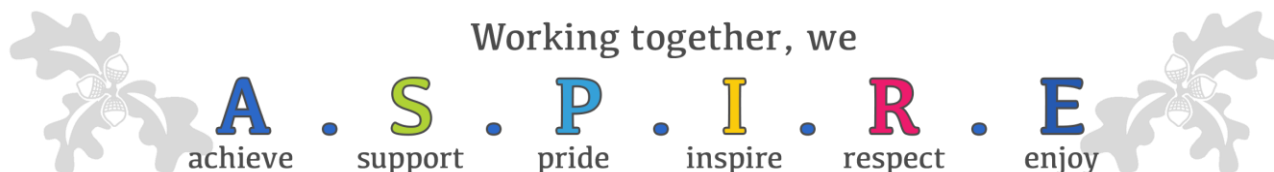




- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed AAI(s) (and if so, what type and dose)
- A photograph of each pupil to allow a visual check to be made (parental consent required to share photo)
- The register is kept in the medical room and can be checked quickly by any member of staff as part of initiating an emergency response. All staff are informed and each class has their own medical file with the details of the children identified at risk from an anaphylactic reaction in their class.
- A detailed step-by-step action plan must be included with the medication. The Healthcare plan should be reviewed when appropriate and pinned on the child's Arbor page.
- All AAIs for individual children are kept in the class medical bag. This medical bag accompanies the class wherever they are in the school- e.g. assemblies, P.E. lessons or trips.

## 6.2 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 yearly 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 Individual Care 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, the emergency school supply.
- If the pupil has no Individual Care Plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures:





## What to do if you have anaphylaxis

Follow these steps if you think you or someone you're with is having an anaphylactic reaction:

1. Use an adrenaline auto-injector (such as an EpiPen) if you have one – instructions are included on the side of the injector.
2. Call 999 for an ambulance and say that you think you're having an anaphylactic reaction.
3. Lie down – you can raise your legs, and if you're struggling to breathe, raise your shoulders or sit up slowly (if you're pregnant, lie on your left side).
4. If you have been stung by an insect, try to remove the sting if it's still in the skin.
5. If your symptoms have not improved after 5 minutes, use a 2nd adrenaline auto-injector.

Do not stand or walk at any time, even if you feel better.

- A school AAI device will be used instead of the pupil's own AAI device if:
  - 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
- AAIs are intended for use in emergency situations when an allergic individual is having a reaction consistent with anaphylaxis, as a measure that is taken until an ambulance arrives. Therefore, unless directed otherwise by a healthcare professional, the spare AAI should only be used on pupils known to be at risk of anaphylaxis. In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

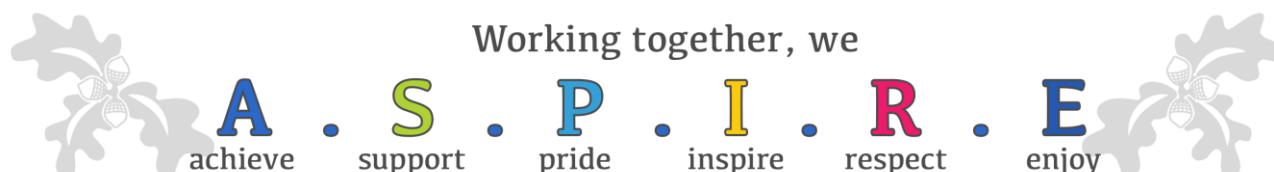
## 7. Recording and reporting serious incidents and near misses

### 7.1 Serious incident

A serious incident is any event relating directly to a medical condition (including allergy) in which a child, young person, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm. This includes situations where:

- Emergency medication (such as an AAI) is required
- Urgent clinical intervention is needed
- Emergency services attendance is required
- A pupil experiences anaphylaxis or severe allergic reaction

### 7.2 Near miss





A near miss is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so. Examples include:

- A pupil with a known allergy is accidentally given food containing their allergen, but does not consume it or has no reaction
- An AAI is found to be out of date when needed
- A pupil's allergen information is not communicated to supply staff or volunteers
- Cross-contamination occurs in food preparation but is identified before consumption
- An error, omission, or system failure that could reasonably have led to a serious incident had circumstances been only slightly different

### 7.3 Recording process

All serious incidents and near misses must be recorded immediately using our incident reporting system on CPOMS and through KITT Medical portal. The record must include:

- Date, time and location of the incident/near miss
- Name of the pupil(s) involved
- Details of what happened, including the allergen involved
- Actions taken in response
- Names of staff members involved and witnesses
- Outcome (for serious incidents: whether emergency services were called, medication administered, etc.)

The allergy lead is responsible for maintaining these records and ensuring they are stored securely and confidentially in line with data protection requirements.

### 7.4 Reporting to parents/carers and governors

#### Parents/carers

In the event of a serious incident or near miss:

- Parents/carers will be contacted immediately by phone by the allergy lead, headteacher or designated staff member
- A follow-up written report will be provided within 24 hours, detailing what happened and the actions taken
- Parents/carers will be invited to a meeting to discuss the incident and any necessary changes to their child's individual healthcare plan

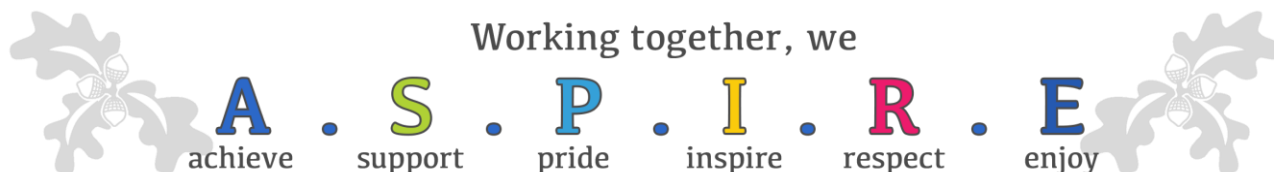
#### Governing board

- All serious incidents will be reported to the governing board at the next scheduled meeting
- Significant near misses will also be reported to governors
- The report will include details of the incident, actions taken, and any lessons learned or policy changes implemented
- Where appropriate, the allergy lead will attend the meeting to present the report and answer questions
- Pupil confidentiality will be maintained in all reports to governors

### 7.5 Learning from incidents

Following any serious incident or near miss, the school will:

1. **Conduct an immediate review** within 48 hours, led by the allergy lead and headteacher, to identify:
  - What went wrong or could have gone wrong





- Why it happened
- What can be done to prevent it happening again
- 2. **Review relevant policies and procedures**, including:
  - This allergy policy
  - Individual healthcare plans for affected pupils
  - Staff training needs
  - Risk assessments for activities
  - Communication systems
- 3. **Implement changes** identified through the review process, which may include:
  - Additional staff training
  - Updates to procedures or risk assessments
  - Enhanced communication protocols
  - Changes to storage or access arrangements for AAls
  - Modifications to catering or food handling procedures
- 4. **Share learning** with all staff through:
  - Staff briefings
  - Updated training materials
  - Written guidance or reminders
  - Updates to the allergy policy (if required)
- 5. **Monitor effectiveness** of any changes implemented to ensure they successfully reduce the risk of future incidents

The allergy lead will maintain a log of all incidents, near misses, and the actions taken in response on CPOMS, which will be reviewed annually as part of the policy review process.

## 7.6 Confidentiality

All incident records will be handled in accordance with data protection legislation and our school's data protection policy. Information will only be shared with those who need to know to ensure the safety and wellbeing of pupils.

## 8. Adrenaline auto-injectors (AAls)

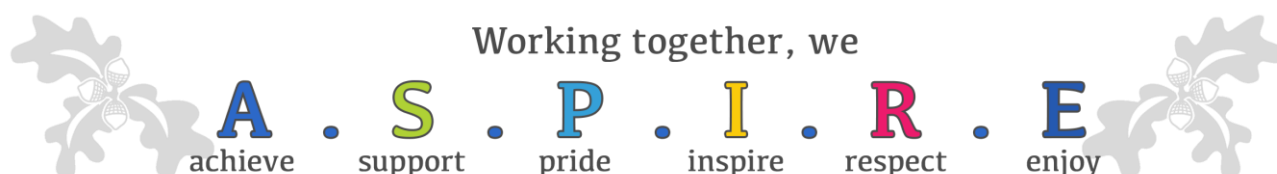
### 8.1 Purchasing of spare AAls

The Welfare Officer is responsible for buying AAls and ensuring they are stored according to the guidance.

The Emergency allergy medication will be wall mounted outside the School Business Manager's office alongside the defibrillator.

Each kit will contain:

- 2 x 150mcg for children under the age of 6 years
- 2 x 300mcg for children aged 6-12 years (Year 1 upwards)





- This medication is sourced through a medical company who ensure that the medication has a shelf life between 9 and 18<sup>th</sup> months. Prior to ordering new pens, the school will contact the supplier to check the expiry date.

## 8.2 Storage (of both spare and prescribed AAls)

The allergy lead will make sure all AAls are:

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Kept in a safe and suitably central location to which all staff have access at all times, but is out of the reach and sight of children
- **Not** locked away, but accessible and available for use at all times
- **Not** located more than 5 minutes away from where they may be needed

Spare AAls will be kept separate from any pupil's own prescribed AAI, and clearly labelled to avoid confusion.



## 8.3 Maintenance (of spare AAIs)

Welfare Officer and School Business manager are responsible for checking monthly that:

- The AAIs are present and in date
- Replacement AAIs are obtained when the expiry date is near

## 8.4 Disposal

AAIs can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's instructions in the sharps bin.

## 8.5 Use of AAIs off school premises

- Warrender will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip off school premises in much the same way as we have already been doing. Pupils at risk of anaphylaxis should have their own AAI with them and their emergency pen too.
- School will contact venues as part of their pre visit to inquire if they have emergency AAIs. If they do not, Warrender will follow emergency procedures if a child is unwell from an unknown allergy. For each individual school trip, a risk assessment will take place and **two additional emergency pens** will be taken leaving the above medical kit on school premises. Procedures will be outlined in the risk assessment for the trip.
- As part of the consent forms for educational trips, parents will be informed of the procedures if a child displays a reaction to an unknown allergy.

## 8.6 Emergency anaphylaxis kit

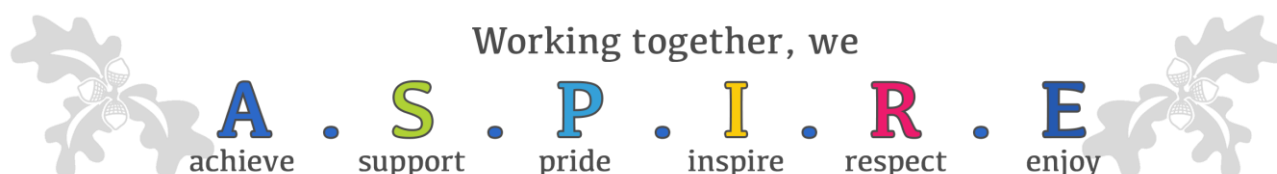
The school holds an emergency anaphylaxis kit. This includes:

- 4 Spare AAIs
- Instructions for the use of AAIs
- Instructions on storage
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing injectors
- A list of pupils to whom the AAI can be administered
- A record of when AAIs have been administered

## 9. Training

The school is committed to training all staff in allergy response. This includes:

- How to reduce and prevent the risk of allergic reactions
- How to spot the signs of allergic reactions (including anaphylaxis)
- The importance of acting quickly in the case of anaphylaxis
- Where AAIs are kept on the school site, and how to access them





- How to administer AAls
- The wellbeing and inclusion implications of allergies

Training will be carried out annually by the school nurse and the allergy lead will share training and school policy with staff. All staff are required to attend the training. In an emergency, anyone – including staff, volunteers or bystanders – can take reasonable action to save a pupil's life, and that the law recognises that rescuers act under extreme pressure and that mistakes, hesitation, or imperfect technique do not amount to serious and willful misconduct.

## 10. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy
- School food policy
- First Aid Policy

## 11. Monitoring, evaluation and review

We will review this policy and evaluate its implementation and effectiveness every year.

