# GWLADYS STREET COMMUNITY PRIMARY AND NURSERY SCHOOL

## Allergen and Anaphylaxis Policy

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| **Approved by:** | **Full Governing Body** | **Date: September 2026** |
| **Last reviewed on:** | | |
| **Next review due by:** | **September 2027** | |

## 1. Statement of Intent

Gwladys Street Community Primary and Nursery School strives to ensure the safety and wellbeing of all members of the school community. For this reason, this policy must be followed by all members of the school community, 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 to ensure the health and safety of their children. ***It is the responsibility of parents and carers to inform the school of any changes to medical or allergy conditions in writing.***

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 and rapid response to potential emergencies.

This policy forms part of the school's safeguarding arrangements by ensuring that pupils with medical conditions receive appropriate support to remain safe in school.

## 2. 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 (Section 100)
- The Human Medicines (Amendment) Regulations 2017
- The Human Medicines Regulations 2012 (Regulation 238)
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- Department for Education (DfE) Statutory Guidance 'Supporting pupils at school with medical conditions.'
- Department of Health and Social Care (DHSC) 'Guidance on the use of adrenaline auto-injectors in schools'
- DfE guidance 'Allergy safety in schools' (Benedict's Law principles)
- Statutory Framework for the Early Years Foundation Stage (EYFS) (Safer Eating guidelines)
- Equality Act 2010
- Food Standards Agency – Food hypersensitivity guidance for food businesses.
- Health and Safety at Work etc. Act 1974

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

- Health and Safety Policy
- Whole-school Food Policy
- Administering Medication Policy
- Supporting Pupils with Medical Conditions Policy
- Animals in School Policy
- Educational Visits and School Trips Policy
- Allergen and Anaphylaxis Risk Assessment

## 3. Definitions

- Allergy – a condition in which the body has an exaggerated immune response to a substance. This is also known as hypersensitivity.
- Allergen – a normally harmless substance that triggers an allergic reaction in a susceptible person.
- Allergic reaction – the body's reaction to an allergen, which can be identified by symptoms including, but not limited to: hives/itchy skin rash, flushing, tingling of the skin, tingling or

burning in and around the mouth, swelling of the face/throat, wheezing, abdominal pain, rising anxiety, nausea, vomiting, alterations in heart rate, or general weakness.

- Anaphylaxis – a sudden, severe, and potentially life-threatening systemic allergic reaction (anaphylactic shock). Symptoms include a persistent cough, throat tightness, a hoarse or croaky voice, wheezing (a whistling noise due to a narrowed airway), difficulty swallowing or speaking, a swollen tongue, noisy/restricted breathing, chest tightness, feeling dizzy or faint, collapse, or unconsciousness. In infants and younger pupils, this may present as becoming suddenly pale or floppy.
- Food Intolerance – a non-immunological reaction to a food (e.g., lactose intolerance) which, while causing physical discomfort (such as digestive distress), is not life-threatening or systemic like a true food allergy.
- Late-Onset/Newly Emerging Allergies – Allergic sensitivities that develop suddenly. Staff must remain vigilant as children can develop severe allergies at any stage of childhood, even with no prior diagnosed medical history.

## 4. 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 at risk of anaphylaxis, and that these arrangements meet statutory responsibilities and minimise risk.
- Ensuring that the school's approach is pupil-focused and accounts for individual healthcare needs.
- Ensuring staff are properly trained to provide the support that pupils need, including annual training.
- Monitoring the effectiveness of this policy and reviewing it annually, or immediately after any incident where a pupil experiences a severe allergic reaction.

The Headteacher is responsible for:

- The overall development, implementation, and monitoring of this policy and related medical support procedures.
- Ensuring parents are fully informed of their responsibilities regarding their child's allergies.
- Ensuring food preparation risk assessments are carried out and robust controls are implemented.
- Ensuring all staff are trained in the use of Adrenaline Auto-Injectors (AAIs) and emergency anaphylaxis procedures.

The Medical Lead (Mr Wolstencroft-Moore) is responsible for:

- Compiling, implementing, and regularly disseminating up-to-date medical information and Individual Healthcare Plans (IHPs) to classroom teachers, temporary staff, and catering teams.
- Proactively seeking updated medical information from parents on an annual basis and maintaining an ongoing dialogic partnership with EYFS parents.
- Maintaining the central Allergy Reaction and Near-Miss Register to log and evaluate every exposure or safety close-call.
- **Reviewing** Individual Healthcare Plans annually and whenever a pupil's medical needs change.

All Staff Members are responsible for:

- Attending mandatory training regarding allergens, anaphylaxis, and AAI administration.
- Familiarising themselves with and implementing pupils' IHPs.
- Responding immediately and appropriately to any medical emergency.
- Enforcing strict rules against pupils sharing or exchanging food, drink, or sensory materials.

Catering and Kitchen Teams are responsible for:

- Monitoring the food allergen log and tracking ingredients for accurate and up-to-date allergen information.
- Ensuring kitchen practices fully comply with UK food labelling regulations (Natasha's Law).
- Ensuring they are fully aware of whether any meal item contains any of the 14 main allergens, keeping this information highly visible and readily available.

Parents and Carers are responsible for:

- Notifying the school immediately of their child's allergens, physical symptoms, and medication requirements.
- Participating in ongoing discussions and active dialogues with school staff regarding changes in their child's allergies or dietary needs.
- Providing written consent for the administration of a school emergency spare adrenaline auto-injector in accordance with Department for Education guidance and the school's medicines procedures.
- Providing clearly labelled, in-date medication and replacing it before its expiry date.

## 5. Food Allergies

- Allergy Register: To ensure catering staff can identify pupils with dietary needs, a master register containing a photograph of the child and details of their specific allergy will be kept in the kitchen and serving areas in accordance with UK GDPR and the Data Protection Act 2018. The register will be reviewed at least termly and immediately following notification of any change.
- Menu Changes & Substitutions: Any changes or substitutions to school menus will be checked rigorously with suppliers. Caterers must read all product labels prior to use, and the Food Standards Agency’s allergen matrix must be used to record ingredients.
- Dietary Alternatives: The school will make every reasonable effort to provide suitable dietary alternatives that meet pupils' medically documented dietary requirements.
- Kitchen Protocols: Cross-contamination will be prevented using colour-coded boards, knives, and cleaning cloths (e.g., red sponges for raw meat areas). A separate, designated set of kitchen utensils will be used when preparing food for pupils with allergies. Bread and wheat products will be stored and prepared separately.
- EYFS Safer Eating: Nursery and reception staff will closely supervise all snack and mealtimes to ensure that children only eat food explicitly prepared for them. Staff working with early years children will receive specific training on managing choking risks alongside allergic reactions.

## 6. Food Allergen Labelling (Natasha’s Law)

The school strictly complies with the Food Information (Amendment) (England) Regulations 2019. All food goods classed as 'Pre-Packed for Direct Sale' (PPDS) prepared on-site (such as grab-and-go sandwiches, salad pots, and cakes) must display a clear, legible label on the packaging showing:

1. The full name of the food product.
2. The complete ingredients list, with the 14 main allergens explicitly highlighted (e.g., in bold, italics, or a contrasting colour).

## 7. Animal Allergies

- The school's Animals in School Policy must be adhered to at all times.
- Pupils with known animal allergies will have restricted access to any animals brought onto school grounds.
- Thorough handwashing is mandatory for any pupil or staff member after contact with animals to prevent allergen transfer.

## 8. Seasonal Allergies

- Grass cutting on school premises will not take place whilst pupils are outdoors.
- Pupils with severe seasonal allergies (such as severe hay fever) will be provided with a supervised, indoor space during breaks when pollen counts are exceptionally high.
- Staff will proactively manage and report wasp, bee, or ant nests on school grounds to the Site Manager for professional and swift removal.

## 9. Adrenaline Auto-Injectors (AAIs) & Allergy First Aid Kits

Under The Human Medicines (Amendment) Regulations 2017, the school is permitted to purchase and stock spare, non-prescription AAIs for emergency use on pupils who are at risk of anaphylaxis, but whose personal device is missing, out-of-date, or has failed.

Kitt Medical & Spare AAIs

The school maintains a Service Level Agreement with Kitt Medical, which supplies secure emergency Anaphylaxis Kitts containing age-appropriate AAIs:

- For pupils under 6 years: 150mcg of adrenaline.
- For pupils aged 6 and over: 300mcg of adrenaline.

Emergency Allergy First Aid Kits (Benedict's Law)

In line with Benedict's Law principles, the school will also hold:

- Spare emergency asthma inhalers (salbutamol spacers) to support diagnosed asthmatic pupils during an allergic emergency (as asthma significantly increases the severity of anaphylaxis) in accordance with the Human Medicines (Amendment) Regulations 2014 (in the main school office)

Storage & Maintenance

- Central & Strategic Locations: The Emergency kit is stored in highly visible, quick access, and clearly labelled container. It is located in the Key Stage 1 Breakfast Room, ensuring emergency medication can be accessed without delay.
- Personal Medication: Personal prescribed AAIs are stored in safely accessible, unlocked locations within individual classrooms.
- Monthly Audits: Mr Wolstencroft-Moore and Mrs Greenall carry out documented monthly checks to ensure all devices, antihistamines, and inhalers are in-date and in good working condition with records retained in accordance with the school's record retention procedures.
- Records will be retained for audit purposes.

## 10. Access to and Use of Spare AAIs

For Pupils with Known/Diagnosed Allergies:

- An Individual Healthcare Plan (IHP) must be in place.
- The school's spare AAI will be administered if the pupil's personal device is unavailable, broken, or misfires, provided that prior written parental consent is on file.

For Exceptional, Unforeseen Emergencies:

- Regulation 238 of the Human Medicines Regulations 2012 permits any individual to administer adrenaline to save a life in an emergency.
- If a pupil or adult with no history of allergy experiences sudden, life-threatening anaphylaxis, 999 must be called immediately. School staff will seek immediate verbal instruction from the emergency services operator to administer adrenaline where anaphylaxis is reasonably suspected and where this is consistent with emergency services advice.
- Preservation of Life Priority: While parental consent is strictly required for the scheduled use of emergency spare AAIs, in an unforeseen, life-threatening emergency involving a child with no prior history of allergy, staff will act immediately under emergency services (999) direction. The school prioritises the immediate preservation of life, and in an unforeseen life-

threatening emergency, staff will act in the child's best interests, following emergency services advice, current legislation and professional guidance to preserve life.

## 11. School Trips and Educational Visits

- A thorough risk assessment will be completed for every educational visit to address the needs of pupils with allergies.
- Where a pupil has been prescribed an AAI, every reasonable effort will be made to enable participation. Attendance will be supported through an individual risk assessment and suitable emergency medication being available.
- At least one adult trained in administering AAIs will accompany the trip.
- Two AAI devices must be carried by a designated staff member at all times during the visit.

## 12. Food and Allergens in the Curriculum & Sensory Play

Risk assessments must be completed by teaching staff for all lessons and activities where allergens could inadvertently be introduced.

- Sensory Play: Materials such as playdough, shaving foam, pasta, oats, and seeds must be vetted to ensure they do not contain allergens relevant to children in that cohort. If a child in the EYFS has a wheat, gluten, or seed allergy, alternative materials (e.g., gluten-free playdough) must be used across the entire setting. Staff should also consider non-food alternatives wherever reasonably practicable.
- Science, Art & Food Technology: Lesson plans involving food items (such as baking, raw egg cartons for model making, or biological experiments using seeds or milk products) must be adapted to safeguard allergic pupils. No high-risk allergen items are permitted in classrooms containing pupils with severe sensitivities to those specific substances.

## 13. Staff Training

- All school staff will receive mandatory annual allergy and anaphylaxis training.
- New staff will receive allergy awareness training as part of their induction.
- Practical AAI training will be refreshed whenever new devices are introduced into school.
- Training ensures all staff can:
    - Recognise the difference between a food allergy and a food intolerance.
    - Identify the signs of mild, moderate, and severe allergic reactions (anaphylaxis).
    - Understand the speed at which anaphylaxis can progress and that allergies can emerge for the first time at school.
    - Confidently administer an AAI device and use secondary kit materials (antihistamines and inhalers).
    - Safely manage sensory play and curriculum-based allergen risks.
    - Training records will be maintained and refreshed at least annually or sooner where guidance changes.

## 14. Communication

It is the responsibility of the class teacher to inform relevant staff of any pupil within their class that has an allergy.

- Supply teachers will be informed of pupils with severe allergies.
- Temporary staff will receive allergy information before supervising pupils.
- Lunchtime supervisors will have access to allergy registers.
- Peripatetic staff and sports coaches will receive relevant medical information.
- After-school club staff will be informed of pupils' Individual Healthcare Plans where appropriate.

- Contractors, volunteers and visitors supervising pupils will be informed of relevant allergy information where appropriate.

## 15. Allergy Reaction and Near-Miss Register (Monitoring and Review)

The school maintains a central Allergy Reaction and Near-Miss Register managed by the Medical Lead.

- Recording Near-Misses: Staff must record every "near-miss" (e.g., an allergic child being handed an incorrect lunch tray but stopping before consuming it, or an allergen-containing toy brought into an early years classroom).
- Incident Review: Following any allergic reaction or near-miss, the incident will be fully investigated. The Headteacher, Governing Body, and Medical Lead will immediately review this policy, classroom risk assessments, and the pupil's IHP to implement corrective measures.
- Trends identified through the register will inform future risk assessments and staff training.
- This policy is reviewed annually by the Headteacher and Governing Body.

**16. Emergency Protocol: Managing Anaphylaxis**

If a pupil shows signs of a severe allergic reaction / anaphylaxis:

1. **Position the Pupil Correctly:** Lay the pupil flat immediately with their legs raised to assist blood flow. Do not allow them to stand, walk, or sit in a chair at any time. If they are struggling to breathe, they may sit up slightly, but their legs should remain flat or raised, and sudden posture changes must be strictly avoided.
2. **Administer Adrenaline WITHOUT Delay:** Administer the pupil's personal AAI immediately. If unavailable, broken, or misfired, retrieve and administer the school's emergency spare AAI (subject to prior consent). *If two staff members are present, one should administer the device while the other calls 999.*
3. **Call 999 Immediately:** Dial 999, state **"Anaphylaxis"** (pronounced *an-a-fi-laxis*), and inform the operator that adrenaline has been administered. Provide clear directions to the school's location.
4. **Note the Time:** Document the exact time the first AAI was administered.
5. **Administer a Second AAI if Needed:** If there is no clinical improvement (or if symptoms worsen) after **five minutes**, administer a second AAI if available. Immediately **place a second 999 call** to inform emergency services that a second dose was required.
6. **Do Not Move the Pupil:** Ensure a staff member remains with the pupil at all times. **Do not let the pupil stand up or walk**, even if they claim they feel better, as this can cause a fatal drop in blood pressure. Hand all used AAI devices to the paramedics upon arrival.
7. Parents or carers should be informed as soon as reasonably practicable following the emergency.
8. The incident should be recorded in accordance with the school's accident reporting procedures and reviewed to identify any lessons learned.

## 17. Monitoring and Review

This policy is reviewed annually by the Headteacher and Governing Body. Following any incident where an allergic reaction occurs, this policy, associated risk assessments, and the pupil's IHP will be immediately reviewed and updated as necessary.

## APPENDIX: PUPIL ALLERGY DECLARATION FORM

*Parents and carers must complete this form in full and return it to the school office immediately. This information is vital for compiling your child's Individual Healthcare Plan (IHP).*

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| **Name of Pupil** | |
| **Date of Birth** | |
| **Year Group & Class** | |
| **Name of GP** | |
| **Address of GP Surgery** | |
| **Hospital Consultant (if applicable)** | |
| **Date allergy last reviewed by clinician** | |
| **Expiry dates of prescribed AAIs** | |

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| **Nature of Allergy / Allergens** | |
| **Severity of Allergy** | ☐ Mild ☐ Moderate ☐ Severe / Anaphylactic |
| **Known Symptoms** | |
| **Required Medication(s)** | |
| **Administration Instructions** | |
| **School Control Measures** | |

**Consent for Emergency Spare Adrenaline Auto-Injectors (AAIs)**

I understand that the school may stock emergency spare AAI devices. In the event that my child's prescribed personal AAI is missing, damaged, out-of-date, or fails during a severe allergic reaction, I provide consent for school staff to administer a school spare AAI appropriate for my child's age group.

**Do you provide consent?** ☐ **YES** ☐ **NO**

**Parent/Carer Name:** _____ **Relationship to Child:** _____

**Contact Number(s):** _____ **Signature:** _____

**Date:** _____