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Allergy and Anaphylaxis Policy 2026

Ringmer Primary and Nursery School

Compiled/ Reviewed and Updated	**Author: Dave Hutchinson and Anna Crompton**	**Date:** August 2026
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1. Introduction

An allergy is a reaction to 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 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 The Trust will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2. Objectives

To minimise the risk of any pupil suffering a serious allergic reaction whilst at school or attending any school-related activity. To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.

3. Roles and responsibilities

Parent Responsibilities

- When joining the school or when an allergy is discovered through a diagnosis by a doctor, it is the parent's responsibility to inform the school of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional
- Parents are responsible for ensuring any required medication is supplied, in date and replaced, as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly

Staff Responsibilities

- Staff who regularly teach or cover classes must be aware of the pupils in their care who have known allergies

Staff leading school trips

- Will ensure they carry all relevant emergency supplies.
- 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 excursion.

Office Staff

- Will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- Will check medication held in school at least termly and notify parents when replacement medication is required due to expiry
- Will keep a record of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.
- Ensures that any reactions or near misses are recorded and reported internally and under RIDDOR where applicable.
- Will supply the Caterer a record of pupils with allergies including amending when change is required

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.
- Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for always carrying them on their person.

4. Allergy Action plan

Allergy action plans should form part of the individual health care plan. The allergy plan should be a one-page pull out document, 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.

5. Management of Anaphylaxis

Anaphylaxis can develop very rapidly. Symptoms usually come 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 treatment is needed that works rapidly. Adrenaline is the mainstay of treatment, and it starts to work within seconds. As soon as anaphylaxis is suspected adrenaline must be administered without delay

What does adrenaline do?

- It opens the airways
- It stops swelling
- It raises blood pressure

6. Emergency Treatment

As soon as anaphylaxis is suspected adrenaline must be administered without delay.

- 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 a 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 recur after treatment.

7. Supply, storage and care of medication

Supply

If pupils have been prescribed an AAI, then it should be prescribed by the parents. Schools are to store a minimum of 2 AAI'S

Storage

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

- Individual AAI'S are to be stored with other medication, each must be in identifiable storage containers and clearly marked with the pupil's name.
- A copy of the pupils one page allergy plan should be placed in the container

Disposal

AAIs can only be used once and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a sharps bin.

8. Staff Training

- All staff will complete Educare anaphylaxis training annually or on an ad-hoc basis
- Any new members of staff must complete Educare anaphylaxis training prior to their first day of employment

9. Inclusion and Safeguarding

The Trust is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

10. Catering

All school caterers must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The school's menu is available for parents to view in advance with all ingredients listed and allergens highlighted on the website of each school

11. School Trips

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

Overnight Trips

It should be possible with careful planning and a meeting for parents with the lead members of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

Sporting and Day Trips

Allergic children should have every opportunity to attend sports trips to other schools and day trip venues. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

12. Risk Assessment

Each school will conduct a detailed individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

13. Legislation and Guidance

This policy should be read alongside:

- Supporting Pupils at School with Medical Conditions (DfE)
- Equality Act 2010
- Children and Families Act 2014
- Health and Safety at Work etc. Act 1974
- Food Information Regulations 2014

14. Monitoring and Review

- The Head Teacher and Governors are responsible for reviewing the effectiveness of this policy.
- The policy will be reviewed annually or sooner following significant incidents, legislative changes, or updated guidance.