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IPAT Allergy & Anaphylaxis Policy
St. Mary's Primary School

Reviewed by ELT: 01.07.2026

The Board of Trustees reviewed and adopted this policy on: 14.09.26

To be reviewed (annually) : Autumn 2027 or earlier if required

IPAT Allergy & Anaphylaxis Policy
St. Mary's Primary School

Introduction

This policy is annexed to IPAT's wider "Supporting Pupils With Medical Conditions Policy" (and IPAT templates), in line with Dfe statutory guidance.

An allergy is a reaction by 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 severe systemic allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes often include foods, insect stings, or drugs.

Definition: Anaphylaxis is a severe life threatening generalised or systemic hypersensitivity reaction. This is characterised by rapidly developing life-threatening airway/breathing/circulatory problems usually associated with skin or mucosal changes.

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 not limited to): Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

Around 2-5% of children in the UK live with a food allergy, and most school classrooms will have at least one allergic pupil. These young people are at risk of anaphylaxis, a potentially life-threatening reaction which requires an immediate emergency response. 20% of serious allergic reactions to food happen whilst a child is at school, and these can happen in someone with no prior history of food allergy. It is essential that staff recognise the signs of an allergic reaction, and are able to manage it safely and effectively.

This policy sets out how IPAT Schools will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

Roles and Responsibilities

1. Hayley Cupit Head of School

2. Abbie Finnigan

3.Rosaline West Governor

These persons are named school leads and as such are responsible for ensuring there is a "Whole School Allergy Training Programme". This is to be mandatory training for ALL staff present when pupils are on site (including temporary staff, supply teachers, agency workers, and regular volunteers). This training must be in line with Benedict's Law best practice.

Parent responsibilities

- On entry to the school, it is the parent's responsibility to inform the school admin staff, the school SENDCO or the Head of School of any allergies.
- This information should include all previous severe allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) 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 e.g. GP or allergy specialist.
- Parents are responsible for ensuring any required medication is supplied,it is within date and it is replaced as necessary.
- Parents should complete the Allergy information required by Taylor Shaw, the school's external catering provider so that the necessary Special Menu and Allergy Procedures can be put in place.
- Parents should ensure that all WRAP around care providers are supplied with a separate allergy kit and their own forms are completed (unless it is an in-house provider manned by school staff and actually takes place on the school site, in which case, school forms will be used.)
- 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

- All staff including temporary staff and regular volunteers, 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.
- Staff must be aware of the pupils in their care (regular or cover classes) 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 excursion.
- The Head of School 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 is in date, however the Admin Assistant, in the school office, will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry. There is a reminder in

iAM Compliant to ensure this task is carried out which will be sent to the Lead Business Partner for the school who will ensure that the task is completed and signed off.

- The school office keeps a register of pupils who have been prescribed an AAI and a record of use of any AAI(s) and emergency treatment given will be recorded as an accident/ incident/ near miss.
- If the Emergency Anaphylaxis Kit has been used the Business Partner will ensure that it is replaced asap.

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.

IPAT Schools use the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plan to ensure continuity. This is a national plan that has been agreed by the BSACI, the Anaphylaxis Campaign and Allergy UK. It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional and provide this to the school.

Template forms can be found in Admin Forms & Helpsheets/05. Medical

Emergency treatment and management of anaphylaxis

What to look for: Swelling of the mouth or throat, difficulty swallowing or speaking, difficulty breathing, sudden collapse / unconsciousness, hives, rash anywhere on the body, abdominal pain, nausea, vomiting, sudden feeling of weakness, strong feelings of impending doom.

Anaphylaxis is likely if all of the following 3 things happen:

- 1. Sudden onset (a reaction can start within minutes) and rapid progression of symptoms.
- 2. Life threatening airway and/or breathing difficulties and/or circulation problems (e.g. alteration in heart rate, sudden drop in blood pressure, feeling of weakness).
- 3. Changes to the skin e.g. flushing, urticaria (an itchy, red, swollen skin eruption showing markings like nettle rash or hives), angioedema (swelling or puffing of the deeper layers of skin and/or soft tissues, often lips, mouth, face etc.) Note: skin changes on their own are not a sign of an anaphylactic reaction, and in some cases don't occur at all.

ACTION PROTOCOL:

• Stay with the child and call for help.

• **NEVER allow a person experiencing anaphylaxis to stand up or walk around even if they feel better. Help and medicine must be brought to the child.** (Standing up can cause a fatal collapse in blood pressure during anaphylaxis.

• Be clear, firm and precise in your instructions to others i.e. "Go and fetch the Anaphylaxis kit", "go call 999 and tell them a pupil is having an anaphylactic reaction".

• Remove triggers if possible (e.g. Insect stinger).

• Lie child flat (with or without legs elevated) – A sitting position may make breathing easier.

• USE ADRENALINE WITHOUT DELAY and note time given. (inject at upper, outer thigh - through clothing if necessary).

• CALL 999 and state ANAPHYLAXIS.

• If there is no improvement after 5 minutes, administer a second adrenaline auto-injector.

• If no signs of life commence CPR.

• Phone parent/carer as soon as possible.

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

Primary School pupils with severe allergies requiring a prescription AAI, may be ready to carry their own anaphylaxis kit and this should be encouraged if it is safe and risk assessed for them to do so. Issues around other pupils getting access to the kit needs to be considered.

Allergy pupils assessed as not ready to administer or carry their own AAI devices, will have an anaphylaxis kit which is kept safely, but NOT locked away, so that it is accessible to all staff. This medication should be stored in a rigid box and clearly labelled with the pupil's name and a photograph.

The pupil's medication storage box should contain: Adrenaline injectors i.e. EpiPen® or Jext® or Emerade® (two of the same type prescribed), an up-to-date allergy action plan, antihistamine as tablets or syrup, spoon if required, and asthma inhaler (if included on their plan).

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes. AAIs are single use only and must be disposed of as sharps. The sharps bin is kept in the School Office.

When the AAI has been used the school should replace it asap.

'Spare' adrenaline auto injectors & Salbutamol inhalers in school

The school has purchased spare adrenaline auto-injector (AAI) devices for emergency use by any child who has their first severe allergic reaction **or** by children who are already at risk of anaphylaxis, but where their own devices are not available or not working (e.g. because they are out of date).

These are stored in a rigid designated box, clearly labelled 'Emergency Anaphylaxis Adrenaline Pens'. They are kept safely, not locked away or in direct sunlight and accessible to and known to all staff.

They look like this:



The School holds these spare pens in the following location/s: Main School Office

Written parental permission for use of the spare AAIs for known allergy sufferers is included in the pupil's Allergy Action Plan.

Spare Salbutamol Inhalers & Parental Consent

Dfe guidance states schools **should stock emergency/spare asthma reliever inhalers** (salbutamol + spacers) alongside spare adrenaline devices.

Furthermore, emergency asthma inhalers **strictly require prior written parental consent** to be administered (unlike emergency spare AAIs, which can be given without prior consent in a life-saving situation under 2017 Human Medicines Regulations).

Schools must add this consent for parents to approve in Arbor

Staff Training

All staff **MUST** complete online anaphylaxis and acute asthma awareness training at the start of every new academic year. Training includes knowing allergens, spotting signs, administering treatment, and practical use of trainer devices.

100% of children who died from food anaphylaxis in the 2019-2023 mortality data also had asthma, staff **must** therefore be trained to recognise acute asthma and understand how asthma and food allergies interact.

A training kit has been provided to **all** schools, which is to be retained in the school staff room so that staff can see what a kit looks like and practice with a trainer pen.

Any staff who do not feel comfortable with using an AAI, should request a demo from the Lead First Aider from the school who will have received the necessary level of training in their First Aid at Work 3-day course.

Understanding Coeliac Disease and Food Intolerances:

Staff will be trained to distinguish clearly between food allergies, Coeliac disease, and food intolerances. Coeliac disease is an autoimmune condition triggered by gluten that causes long-term gut damage, while food intolerances are non-allergic digestive issues. Neither condition involves the immune system in a way that causes anaphylaxis. While both require strict dietary controls and cross-contamination prevention, emergency protocols such as administering an Adrenaline Auto-Injector (AAI) apply strictly to severe allergic reactions and must **not** be used for Coeliac symptoms or food intolerances.

Inclusion, Safeguarding and Catering

The school Catering Service - Taylor Shaw - 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 menu is available for parents to view in advance with all ingredients listed and allergens highlighted on the school website at https://www.stmargarets-leics.co.uk/

Foods containing nuts are discouraged from being brought into school as IPAT schools are designated as **ALLERGY & NUT AWARE SCHOOLS**.

*(**This terminology is in line with DfE recommendations and as such any nuts found in school will be removed and the persons/or parents of anyone bringing them in will be contacted by the school office.)***

We do not support a blanket ban on any other particular allergen because no school can guarantee a truly allergen-free environment. Instead, we advocate for a culture of allergy awareness and education, ensuring teachers, pupils, and all staff are aware of what allergies are, the importance of avoidance, and how to deal with allergic reactions.

Use of food in crafts, DT cooking classes, science experiments and special events needs to be restricted/risk assessed depending on the allergies of particular children.

School trips and Sporting Excursions

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils carry their medication, either on their person or with a nearby designated adult. Pupils unable to produce their required medication on the day of the trip will not be able to attend the excursion. All activities on the school trip will be risk assessed. A member of staff trained in administering adrenaline will accompany any trip, sports or school teams event.

Risk Assessment

The school will conduct a detailed assessment of risk using the Allergy Checklist below at appendix A to help identify any gaps in their systems and processes for keeping allergic children safe, for all new joining pupils with allergies and any pupils that are newly diagnosed.

Anaphylaxis kits are included in the IPAT First Aid Risk Assessment. - 10. RAs - for all schools

Reports of incidents and near misses are logged on IPAT systems, via AssessNET and to the required external authorities in line with Trust standards - see note below*.

Appendix A – Checklist for Heads of Schools

- School specific policy in place (please use the suggested template policy)
- Policy link on the school website
- The policy to be reviewed annually – v1. Autumn term 2026
- The policy to be communicated to parents
- The policy to be shared to all staff and regular volunteers
- Responsible persons named in the policy as: 1. Head of School, 2. Lead First Aider with “First Aid at Work” (3 day qualification) and 3. a named Governor
- Staff training in place for **all** staff annually and new staff on entry to school
- Staff awareness of location of emergency medication
- Training records maintained in iAM Compliant - staff to use form to confirm annual training has been completed - allocated to staff at your request via your Business Partner
- Medication storage and staff access arrangements in line with policy
- Emergency procedures and spare kits in place
- **Allergy & Nut Awareness School** status maintained (reminders to parents)
- BSACI Allergy Action plan for pupils with known allergies
- Allergy management considered for all trips and risk assessment in place
- Allergy management considered for DT & Science and risk assessment in place
- Allergy management considered for school and PTA events and risk assessment in place
- Allergy awareness training confirmed by all supply teachers at inductions and changeover of staff
- Supply teacher induction to include a briefing on children in the class with known severe allergies
- Incident and near miss reporting in place - see note below*
- Investigations take place after recording of an incident and procedures are reviewed - What were the causes and contributing factors?
- Ensure your Arbor Consents include - use of Salbutamol inhaler in an emergency
- Replacement of AAI’s following medical events where supplies have been used

NB for Heads of School

***DfE Requirement:** There are statutory external reporting obligations for severe incidents and near-misses and these three external bodies (EHO, RIDDOR, GP) must be informed when an applicable incident occurs:

1. **Environmental Health / Primary Authority:** Required under Article 19 of Regulation (EC) 178/2002 if unsafe/undeclared allergen food leaves immediate control or poses wider risk.
2. **Health and Safety Executive (RIDDOR):** Required if a work activity error (e.g., staff serving a known allergen) results in direct hospitalisation or death.
3. **Healthcare Professionals:** School must notify the child’s prescribing clinician or GP following an incident so care/action plans can be formally reviewed

