SCHOOL ALLERGY & ANAPHYLAXIS POLICY

School Allergy & Anaphylaxis Policy

(Aligned with Benedict's Law principles)

---

1. Policy Statement

Canterbury Cross Primary School is committed to providing a safe, inclusive, and supportive environment for all pupils, including those with food and non-food allergies. We recognise that children in **primary and SEND settings** may not be able to identify, communicate, or manage allergy risks independently. Therefore, the school takes a **highly proactive, adult-led approach** to allergy management and emergency response.

All allergies are treated seriously. Prompt recognition and immediate action are essential to prevent harm.

---

2. Scope

This policy applies to:

- All pupils, including those with SEND, medical needs, communication difficulties, or complex health needs
- All school staff (teachers, teaching assistants, lunchtime supervisors, office staff, supply staff, volunteers)
- External providers (catering contractors, therapists, clubs, transport providers)

---

3. Definitions

- **Allergy:** An adverse immune response to a substance (e.g. food, insect sting, medication, latex)
- **Anaphylaxis:** A severe, potentially life-threatening allergic reaction requiring immediate treatment with adrenaline
- **Adrenaline Auto-Injector (AAI):** Emergency medication used to treat anaphylaxis (e.g. EpiPen, Jext)

---

4. Roles and Responsibilities (Primary & SEND Focus)

Trust

- Ensure this policy is implemented, monitored, and reviewed annually
- Ensure resources are available for training and emergency medication
- The Trustees have a named Trustee responsible for allergens

Deputy Headteacher

- Overall responsibility for allergy safety
- Ensure staff training is completed and refreshed regularly
- Ensure spare AAIs are available, in date, and accessible

SENCO / Inclusion Lead

- Ensure allergy needs are reflected in EHCPs and risk assessments
- Support staff working with pupils who have communication or cognitive difficulties

School Staff

- Know which pupils have allergies and where medication is stored
- Closely supervise food, sensory activities and transitions
- Never assume a child will report symptoms themselves
- Act immediately if an allergic reaction is suspected

Parents / Carers

- Inform the school of all diagnosed allergies
- Provide clear, up-to-date medical information
- Supply medication and ensure it is in date

School Caterers

Our school caterers must continue to comply with the Food Information Regulations 2014, which require allergen information relating to the Top 14 allergens to be available for all food products.

Key catering requirements include:

- School menus must be available for parents to view in advance (weekly, fortnightly, or monthly), **with all ingredients listed and allergens clearly identified on the school's website**.
- The School Nurse, SENCO or Deputy Head Teacher inform the Catering Manager of any pupils with diagnosed food allergies.
- **The school has a robust system in place to enable catering staff to identify pupils with allergies.**

- Parents and carers are encouraged to meet with the Deputy Head Teacher who will discuss with the Catering Manager children's dietary and allergy requirements.

---

5. Individual Allergy Action Plans (IAAPs)

- All pupils with diagnosed allergies must have an **Individual Allergy Action Plan**
- Plans will include:
    - Known allergens and triggers
    - Typical and atypical symptoms (including behavioural signs)
    - Medication, dosage and location
    - Clear emergency steps

SEND Considerations

- Symptoms may present as:
    - Distress, shutdown or agitation
    - Vomiting or coughing without verbal complaint
    - Changes in behaviour or colour
- Plans may include visual supports, symbols or photographs
- Plans are reviewed at least annually or after any reaction

---

6. Prevention and Risk Reduction (Primary & SEND)

The school will:

- Maintain a clear allergy register with photos where appropriate
- Display allergy information for staff in staff only areas
- Supervise hand-washing before and after eating
- Manage food-based activities (e.g. cooking, playdough, sensory trays)
- Send letters to parents when children are taking part in food technology to check if children can take part in the activity
- Use alternative ingredients when necessary
- Carefully assess risks during celebrations, rewards and curriculum activities
- Discourage food sharing
- Work closely with catering providers (Coombs) to manage allergens
- Keep a record of expiry dates for AAIs and anti-histamine, phoning parents when expiry dates are close to ending to request new medication
- Contact the school nursing team for new children to the school who have diagnosed allergies or children who have had an allergic reaction. They will contact parents to develop an IAAP which will be shared in school
- Any allergic reactions are documented and passed up year on year to new members of staff

- Children (even if they do not have a school dinner) wear an allergy purple lanyard at lunch time which identifies the child and the allergens. If they are having a school dinner, they have a separately prepared and plated dinner on a purple plate and bowl.
- When children bring in Birthday treats, they are not allowed to bring in treats with nuts to share, and children with allergies are given treats from their own treat box provided by parents

The school does **not** claim to be allergen-free but will take **reasonable, proportionate, and SEND-appropriate measures** to reduce risk.

---

7. Training

- All staff receive annual training by the school nursing team on:
    - Allergy awareness
    - Recognising anaphylaxis in young children and SEND pupils
    - Administering an AAI
- Lunchtime staff and TAs are fully included in training
- Training records are maintained

---

8. Emergency Medication (AAIs)

- The school holds **in-date spare AAIs** in line with DfE guidance
- AAIs are:
    - Clearly labelled
    - Easily accessible (not locked away). They are kept in the SLT office in a red bag, and they are stored in bags with the child's name and photo on them

- Checked regularly for expiry by keeping a record of expiry dates for AAIs and anti-histamine, phoning parents when expiry dates are close to ending to request new medication

Spare AAIs may be used for **any pupil experiencing anaphylaxis**, even if they do not have a known allergy.

---

9. Recognising signs of anaphylaxis and responding to an Allergic Reaction

Do not wait for symptoms to worsen. Adrenaline is safe and delay increases risk.

---

10. Trips, Transport & Off-Site Activities

- Allergy risks are assessed in advance
- Medication and IAAPs accompany the pupil in the child's group leader's medical bag
- A trained adult is always present
- Transport providers are informed where relevant

11. Communication

- Allergy information is shared appropriately with staff
- External providers are informed of procedures and children with allergies
- Parents are encouraged to raise concerns or updates promptly

12. Monitoring and Review

- Reviewed annually or after any serious incident
- Feedback from parents, staff, and pupils informs updates

Appendix I - First Aid for Anaphylaxis poster

FIRST AID FOR ANAPHYLAXIS

Recognise the Signs of Anaphylaxis...

A Airways

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B Breathing

- Difficult or noisy breathing
- Wheeze or persistent cough

C Circulation

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

An allergic reaction can escalate to anaphylaxis which is potentially life-threatening.
Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

ANAPHYLAXIS: ACTIONS TO TAKE

If any one or more of the above ABC symptoms are present, take these steps.

1. **Administer an Adrenaline Auto Injector (AAI) without delay**

   Inject the AAI into the top of the outer thigh. If you're in doubt that it is anaphylaxis but one or more ABC symptoms are present, give the AAI, it will not harm them.

2. **Dial 999 and say anaphylaxis ('ana-fill-axis')**

   Stay with the person until the ambulance arrives. DO NOT let them stand up and walk around.

3. **The person should lie down immediately**

   If the person is not already lying down, they should do so, with legs raised if possible. If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.

4. **Inject a second AAI into the outer thigh if there are no signs of improvement after 5 minutes**

   If there is no sign of life, start CPR immediately until help arrives.

Please learn these steps. This is life-saving information.
You never know when you will need to act in an anaphylaxis emergency.

Natasha Allergy Research Foundation
The UK's Food Allergy Charity

Empower - Include - Protect
AllergySchool.org.uk

Appendix II - Epipen AAI and Jext AAI Instructions

ANAPHYLAXIS

HOW TO USE EPIPEN AAIS

If you think someone is have an anaphylactic reaction, give the AAI without delay. It will not harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

1. Remove the blue safety cap

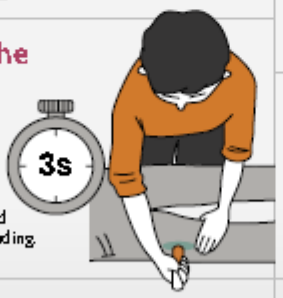
Grasp the EpiPen in your dominant hand and remove the blue safety cap by pulling straight up. Remember: Blue to the Sky, Orange to the Thigh!

2. Position the orange tip

Hold the EpiPen at 90°, approximately 10cm away from the leg, with the orange tip pointing towards the outer thigh.

3. Administer the EpiPen AAI

Jab the EpiPen firmly into the outer thigh at a right angle. Hold firmly for 3 seconds, before removing and safely discarding.



4. Once the EpiPen AAI has been administered call 999

Ask for an ambulance and say "ana-fill-axis".

5. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, with legs raised if possible.

If breathing is difficult allow them to sit. If they have vomited or feel sick, gently turn them on their side.

6. If there are no signs of improvement after 5 minutes, use a second EpiPen AAI

The person should remain still and lying down until the ambulance arrives. Don't try to get up, even if you start to feel better.

7. Start CPR

If there are no signs of life, start CPR immediately until help arrives.

For more information on EpiPen AAIs >>

Sign up to the free expiry alert service and receive reminders by text or email when your EpiPen is about to expire >>

Appendix II - Epipen AAI and Jext AAI Instructions

ANAPHYLAXIS

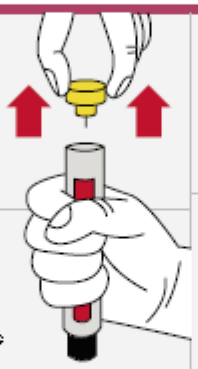
HOW TO USE JEXT AAIS

If you think someone is have an anaphylactic reaction, give the AAI without delay. It will not harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

1. Hold the Jext AAI in the hand you write with

Hold with your thumb closest to the yellow cap. Pull off the yellow cap with your other hand.



2. Place the black injector tip against the outer thigh

Hold the injector at a right angles (approx. 90°) to the thigh.

3. Push the black tip as hard as you can into the outer thigh

Wait until you hear a 'click' confirming the injection has started, then keep it pushed in. Hold the injector firmly in place against the thigh for 10 seconds (a slow count to 10) then remove. The black tip will extend automatically and hide the needle.

4. Massage the injection area for 10 seconds

5. Once the Jext AAI has been administered call 999

Ask for an ambulance and say "ana-fill-axis".

6. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, with legs raised if possible.

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.

7. If there are no signs of improvement after 5 minutes, use a second Jext AAI

The person should remain still and lying down until the ambulance arrives. Don't try to get up, even if you start to feel better.

8. Start CPR

If there are no signs of life, start CPR immediately until help arrives.

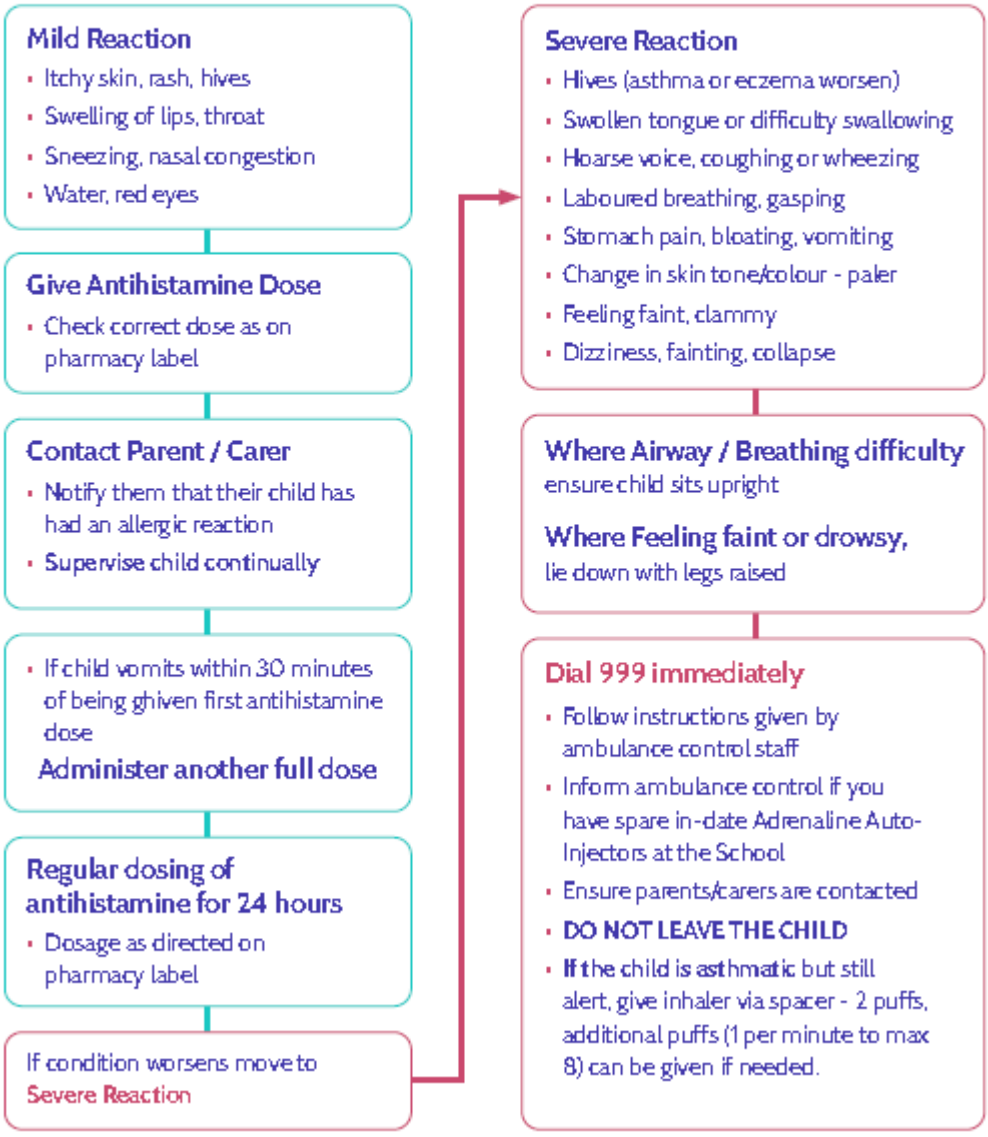
For more information on Jext AAIs >>

Sign up to the free expiry alert service and receive reminders by text or email when your Jext AAI is about to expire >>

Appendix III

Flowchart for Allergic Reaction without use of Adrenaline Auto-Injector.

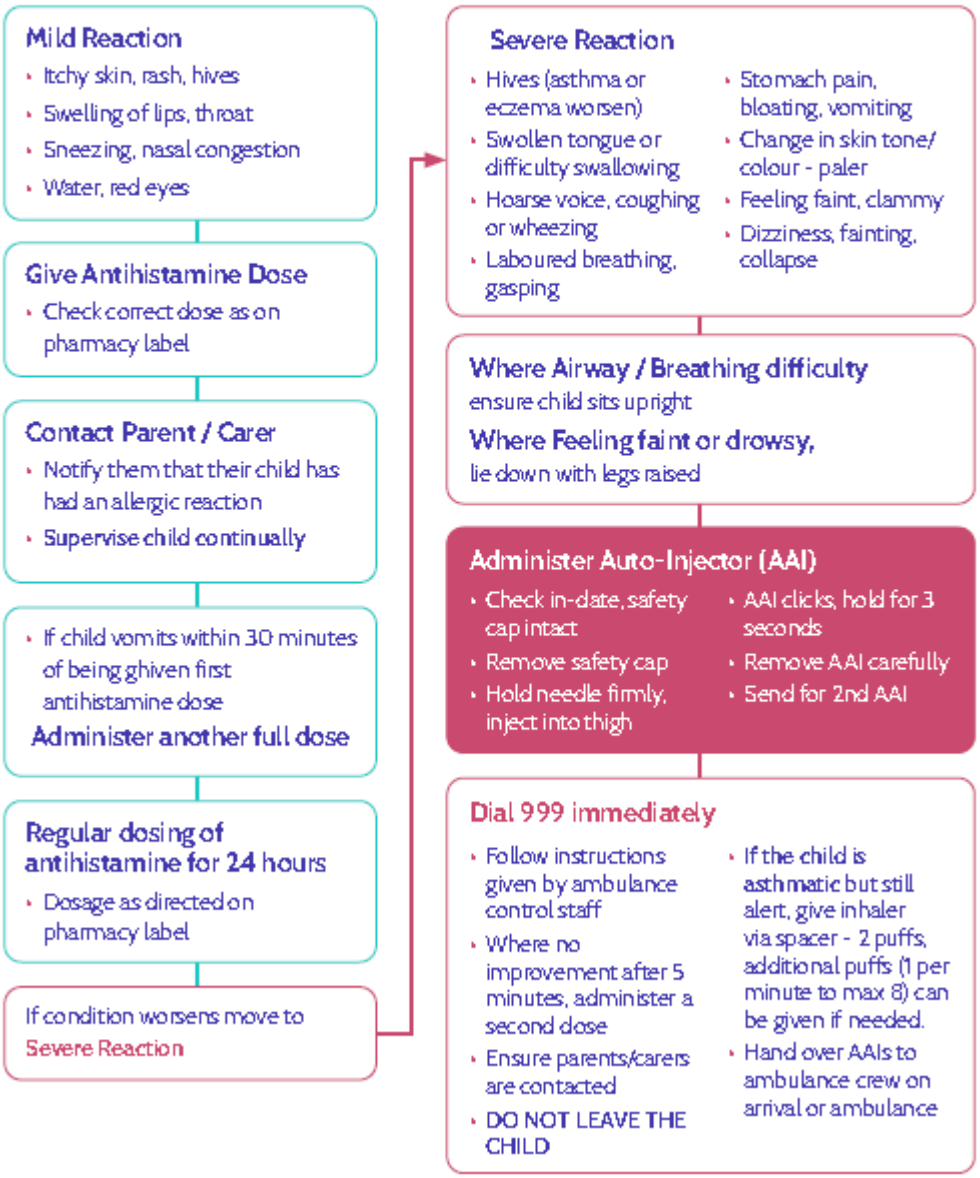
Refer to the child's BSACI Allergy Action Plan if they have one and call for other staff help if needed



Appendix IV

Flowchart for Allergic Reaction with use of Adrenaline Auto-Injector.

Refer to the child's BSACI Allergy Action Plan if they have one and call for other staff help if needed



Appendix V

Information on allergies

The most common causes of food allergies relevant to this Policy are the fourteen food allergens:

- Cereals containing Gluten
- Celery
- Crustaceans
- Eggs
- Fish
- Soya
- Milk
- Nuts
- Peanuts
- Mustard
- Sesame Seeds
- Sulphur dioxide/Sulphites
- Lupin
- Molluscs

However, it is possible that any food has the potential to cause an allergic reaction. Contact with any food or materials containing a child's allergen has the potential to cause an allergic reaction for that child.

Latex, chemicals, medicines, grasses, pollen, weeds, trees, pets, insect venom and animal dander (shedded flakes of skin) can also cause allergic reactions.

Symptoms

Mild to moderate symptoms include:

- Swelling of the eyes, face and lips
- Runny or congested nose
- Raised itchy rash (hives), eczema flare, skin flushing
- Itchy mouth
- Stomach cramps, nausea, vomiting, diarrhoea

Severe symptoms include:

- Swollen tongue, hoarse voice or cry, difficulty swallowing and talking
- Chest tightness
- Breathing difficulties, persistent cough, wheeze
- Low blood pressure, feeling faint, collapse
- Pale and floppy (babies and small children)

Appendix VI

Other support and resources

- Allergy Guidance for Schools - https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools
- Allergy UK Helpline: providing support, advice and information for those living with allergic disease tel. weekdays 9am-5pm 01322 619898 - www.allergyuk.org
- Early Years Foundation Stage Statutory Guidance, Section 3 Safeguarding and Welfare Requirements - Food and Drink - Statutory framework for the early years foundation stage (publishing.service.gov.uk)
- Example menus for early years settings in England - Part I Guidance - Example menus for early years settings in England: part 1 (publishing.service.gov.uk) - Managing food allergies, intolerances and meeting cultural needs; Providing food allergen information; Reading food labels; Allergen information
- Food Standards Agency food allergy and intolerance online training - https://allergytraining.food.gov.uk/
- For pupils / students with Medical Conditions at School - Supporting pupils with medical conditions at school - GOV.UK (www.gov.uk)

  Wales: https://www.gov.wales/sites/default/files/publications/2018-12/supporting-learners-with-healthcare-needs.pdf

  Scotland: https://www.gov.scot/publications/supporting-children-young-people-healthcare-needs-schools/

  Northern Ireland: https://www.education-ni.gov.uk/publications/supporting-pupils-medication-needs
- FSA reporting tool for allergies - https://www.gov.uk/government/news/fsa-launches-allergy-and-intolerance-reporting-tool
- Guidance on the use of adrenaline auto-injectors in schools (Department of Health, 2017) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

  Wales: https://www.gov.wales/sites/default/files/publications/2018-12/guidance-on-the-use-of-emergency-adrenaline-auto-injectors-in-schools-in-wales.pdf

Appendix VII: Staff Quick Reference – Allergy & Anaphylaxis

Recognise the signs of anaphylaxis

A (AIRWAYS)
- Tightening of the throat
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B (BREATHING)
- Sudden wheezing
- Difficult or noisy breathing
- Persistent cough

C (CIRCULATION)
- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

If any one (or more) of these signs are present: Don't delay

1. **Lie flat with legs raised** (if breathing is difficult, allow to sit)

2. **Give adrenaline device without delay**
(use the school's spare device if needed)

Scan this dose for instructions on how to use adrenaline devices

3. **Immediately dial 999** for ambulance
and say ANAPHYLAXIS (ana-fill-axis)

After giving adrenaline:

- Stay with person until ambulance arrives, do NOT stand them up.
  - Keep them lying down, even if things seem to be getting better.
- Phone parent/emergency contact.

5:00 minutes

If no improvement after 5 minutes, give another dose of adrenaline using a second device, if available.

Commence CPR at any time if there are no signs of life

ALWAYS GIVE ADRENALINE DEVICE FIRST if someone has **SEVERE AND SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice). **THEN SEEK MEDICAL HELP. Anaphylaxis can occur without skin symptoms**