LINTON HEIGHTS JUNIOR SCHOOL

ALLERGY & ANAPHYLAXIS POLICY

THIS POLICY WAS APPROVED:	JULY 2026
POLICY VERSION:	VERSION 1.0
THIS POLICY WILL BE REVIEWED:	JULY 2027
MEMBER OF STAFF WITH RESPONSIBILITY FOR REVIEW:	HEALTH & SAFETY ADVISOR
THIS POLICY WAS CONSULTED WITH:	TRUST BOARD
THIS POLICY WAS DISTRIBUTED TO:	SCHOOLS LEADERSHIP GROUP

Contents

1.0 Introduction

1.1 An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but can sometimes cause a much more serious reaction called anaphylaxis.

1.2 Anaphylaxis is a serious, life-threatening allergic reaction 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.

1.3 This policy sets out the School's framework for the effective management of allergies and anaphylaxis. All schools within the Trust will adopt this policy and implement appropriate local procedures to ensure compliance and effective application at site level.

2.0 Aims

2.1 Linton Heights Junior School are committed to promoting a whole school approach to health care, welfare and wellbeing and the safe management of those members of our school community who live with specific allergies. Linton Heights Junior School believe that all allergies should be taken seriously and dealt with in a professional and appropriate manner. By our actions we will work proactively to:

- Minimise the risk of exposure to known allergens within the school environment.
- Support and encourage the development of self-management and personal responsibility, where appropriate.
- Promote awareness and understanding of allergen avoidance strategies.
- Ensure robust plans are in place for an effective and timely response to emergencies.
- Maintain an inclusive environment that enables all pupils to participate fully in school life, considering reasonable adjustments and where appropriate, developing risk assessments.

2.2 Through implementation of the arrangements in this policy, the school aims to minimise the risk of allergic reactions and ill health among pupils, staff, and visitors, supporting the promotion of high levels of attendance, safety, and overall wellbeing.

2.3 Where a member of the school's community suffers from an allergic reaction or anaphylaxis, this policy aims to outline the emergency procedures to be followed to respond promptly, effectively, and safely in order to achieve the best possible outcome for the individual affected.

3.0 Roles and Responsibilities

3.1 Trustees

The Trustees of Anglian Learning, as the employer, retain overall accountability for health, safety and wellbeing across all Schools within the Trust.

To ensure that this policy and allergy management arrangements are delivered effectively within the School, duties and responsibilities are delegated to staff as outlined below, with the expectation that all employees understand and carry out their responsibilities effectively.

3.2 Headteacher

Overall responsibility for the day-to-day management of health and wellbeing in the School, inclusive of allergy management, rests with the Headteacher. The Headteacher is accountable for ensuring that effective systems are in place to manage risk, allocate resources, provide relevant information and training, and maintain a safe and inclusive environment.

The Headteacher will ensure that:

- Up-to-date allergy information is shared with and readily accessible to all relevant staff, including catering teams.
- Where the pupil/student has an Individual Healthcare Plan (IHP), ensure the involvement of healthcare and welfare professionals, teaching and catering staff, parents/carers and the pupil/ student in establishing IHPs.
- Effective communication of individual pupil medical needs to all staff and that they know how and where to check for updated information.
- There are enough first-aid trained staff to meet the assessed needs of the school and its activities, allowing for staff absences away from the premises.
- Staff are provided with adequate time to complete allergy and anaphylaxis awareness training.
- There is adequate first aid resources, including the availability of spare adrenaline auto-injectors (AAI) kept within the school, and that there are systems in place to maintain equipment in a serviceable condition within expiry dates.
- An adequate risk assessment is undertaken prior to any educational visits to consider the risks and needs of individuals who have allergies.
- Personal anaphylaxis risk assessments are developed for individuals with known allergies.
- Pupil documentation and in-date medication is kept correctly and safely.

The Headteacher may delegate operational duties to competent staff, such as assigning a member of SLT as lead for allergy management; however, such delegation does not remove overall responsibility.

3.3 Staff

Members of staff have a responsibility for ensuring that policy and procedures are followed, and in supporting pupils and colleagues with their management of allergies. This includes:

- Completing anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Ensuring awareness of 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.
- Making sure there are suitably robust arrangements for allergy management on educational visits. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Appropriate arrangements must be in place to ensure required medication is available prior to the visit, in line with the pupil's Individual Healthcare Plan.
- Staff directly responsible will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- It is the parent / carer's responsibility to ensure all medication in date however the staff with responsibility for medication will check medication kept on a termly basis and send a reminder to parents if medication is approaching expiry.

3.4 External Catering Staff

Catering staff play a key role in the safe management of allergies within the School. They must ensure that food provision is managed safely and in line with allergen regulations. The external catering team will support the pupils and school by:

- Having awareness of pupils with known allergies and dietary requirements.
- Ensuring all food is clearly labelled in line with current food allergen legislation.
- Preventing cross-contamination during food preparation, handling, and serving.
- Providing accurate information about ingredients to staff and pupils where required.
- Working with the school to maintain up-to-date allergy information for pupils.
- Ensuring that allergen information is accessible at the point of service.
- Attending relevant training on food safety and allergen management.

3.5 Parents and Carers

Parents and carers are expected to support the School in the effective management of allergies, and work collaboratively to maintain the health, safety and wellbeing of their child. This includes:

- Notifying the school of any allergies at the point of admission and as soon as possible following any new diagnosis or change in condition. This must

include details of any previous serious allergic reactions, history of anaphylaxis, and prescribed medication.

- Supporting their child in developing appropriate allergy self-management skills, including understanding safe and unsafe foods, reading food labels, avoiding allergens, recognising symptoms, and understanding when and how to seek help.
- Providing an Allergy Action Plan (AAP), completed by an appropriate healthcare professional, to be kept with the pupil's medication and used to support the school in responding to emergencies.
- Contribute to the provision of an IHP in partnership with the school, and relevant healthcare professionals where required.
- Provide any other written medical documentation, instructions and medications as directed by a health professional.
- Parents and carers are responsible for ensuring that all medical advice and prescribed medication is supplied, within the expiry date, and is replaced as necessary.
- Providing appropriate in-date medication (including two AAIs where prescribed) of the correct dosage and ensuring that AAIs are registered on the manufacturer's websites to enable expiry reminders.

3.6 Pupils

Pupils are expected to, where appropriate to their age and level of understanding, take an active role in managing their allergies. Where appropriate, this includes:

- Have a good awareness of their allergy and be proactive in the care and management of their food allergies and reactions and medication.
- Be sure not to exchange food with others and take care to avoid any foods which may cause an allergic reaction.
- Read food labelling but, if unsure or ingredients unknown, avoid the food.
- If appropriate to the age and maturity of the pupil and confident in their ability to self-administer, take responsibility for carrying AAIs on their person.
- Inform a member of staff immediately if they are concerned about an allergic reaction.

3.7 Health and Safety Advisor

The Management of Health and Safety at Work Regulations 1999, regulation 7, requires that every employer must appoint one or more competent people to assist them with the implementation and provision of health and safety measures. The health and safety advisor will:

- Provide Anglian Learning Schools with the necessary information, advice and assistance to comply with current and newly published Health and Safety Legislation.
- Conduct annual internal audits to monitor compliance with this policy and other first aid arrangements, working with the Headteacher to address any identified areas of weakness.
- Periodically review this policy document, amend as necessary and circulate any changes to appropriate staff.

4.0 Allergy Awareness

4.1 The School adopts an approach focused on allergy awareness, risk management, and education, rather than implementing blanket bans (e.g. nut-free policies). This reflects the recognition that it is not possible to guarantee an allergen-free environment due to factors such as food brought from home.

4.2 The School recognises that pupils may have a wide range of allergy triggers. A single allergen ban would not eliminate the risk of allergic reactions from other sources. As such, a comprehensive, whole school approach is taken to raise awareness of what allergies are, the importance of avoiding allergens, the signs & symptoms, how to deal with allergic reactions and ensure policies and procedures are in place to minimise risk.

5.0 Adrenaline Auto-Injectors (AAI)

5.1 An Adrenaline Auto-Injector (AAI) is a portable, single-use medical device designed to deliver a pre-measured dose of adrenaline (epinephrine) into the body. It is used in emergency situations to treat severe allergic reactions such as anaphylaxis.

5.2 AAIs work by quickly relieving symptoms such as airway swelling, breathing difficulty, and low blood pressure and helping to stabilise the individual until emergency medical help arrives

5.3 They are designed for rapid administration by non-medical personnel and should be used immediately when anaphylaxis is suspected, followed by calling emergency services.

6.0 Supply, Storage and Care of Medication

6.1 Depending on their level of understanding and maturity, pupils will be encouraged to take responsibility for and to always carry their own two AAIs on them (in a suitable bag/container).

6.2 For younger pupils or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept safely, not locked away and accessible to all staff.

6.3 Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Two AAIs

- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan)

6.4 It is the responsibility of the pupil's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the school office will check medication on a termly basis and send a reminder to parents if medication is approaching expiry.

6.5 Parents can subscribe to expiry alerts from the website of their child's prescribed AAI, to make sure they can get replacement devices in good time, negating lapses in accessibility of medication.

6.6 Older pupils should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on very suddenly, so school staff need to be prepared to administer medication if the young person cannot.

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

6.8 AAIs are single use only 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. Sharps bins to be obtained from and disposed of by a clinical waste contractor collection service.

7.0 Spare Adrenaline Auto-Injectors (AAI)

7.1 As part of the first aid needs assessment review, the School will determine the number of spare Adrenaline Auto-Injectors (AAIs) required to provide adequate coverage across the school site and during all activities. As a minimum, two spare AAIs will be maintained to ensure coverage for pupils remaining on site and those participating in educational visits.

7.2 Where educational visits are undertaken, the visit risk assessment will consider the foreseeable risk of anaphylaxis and determine whether a spare AAI should accompany the visit. Where multiple visits are undertaken simultaneously, it will be the responsibility of the Visit Leader and Educational Visits Co-ordinator (EVC) to ensure sufficient spare AAIs are available to provide appropriate coverage, whilst maintaining adequate provision on the academy site.

7.3 Whilst on the school site, spare AAIs will be stored in a clearly identified, central location that is always readily accessible to staff and not locked away. All staff must be made aware of the location of spare AAIs to ensure a prompt emergency response.

7.4 Four spare AAIs will be stored in the staffroom.

8.0 Catering

8.1 The School engages an external catering contractor who is responsible for the preparation and service of food within the School. These contractors operate in accordance with their own established allergen management procedures and food safety standards.

8.2 The catering contractor maintains a system for recording and managing pupils' known allergies. Relevant pupil allergy information is captured, regularly updated, and securely held within the contractor's systems.

8.3 This information is clearly flagged within catering service systems to ensure that staff serving food are aware of pupils with known allergies and are able to prevent the provision of food containing ingredients to which a pupil is known to be allergic.

8.4 Catering staff are trained to follow allergen control procedures, including checking allergen information prior to serving food and taking appropriate steps to reduce the risk of cross-contamination.

8.5 The School will liaise with the external catering contractor to ensure that appropriate arrangements are in place, information is shared where necessary, and that allergen management processes align with the School's overall approach to allergy and anaphylaxis risk management.

8.6 Where concerns are identified regarding allergen management within catering provision, these will be raised with the contractor and, where necessary, escalated in line with the School's health and safety procedures.

9.0 Risk Assessment

9.1 The Anaphylaxis Personal Risk Assessment (Appendix B) is to be completed by the School in collaboration with parents/carers and, where appropriate, the pupil.

9.2 This assessment enables the School to identify known allergens, triggers, and individual risk factors, and to determine the most effective proactive measures to support the pupil and minimise the risk of an allergic reaction.

9.3 The completed risk assessment must be shared with all staff responsible for the individual to ensure a consistent and effective approach to managing their needs.

9.4 Risk assessments must be reviewed annually or following any change in medical condition or incident.

10.0 Educational Visits

10.1 A risk assessment must be completed when planning educational visits. All activities on educational visits will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

10.2 Planning should also ensure that appropriate control measures are put in place to enable a timely and effective emergency response, with consideration given

to:

- First aid provision
- Responding to allergic reactions in individuals with known allergens/triggers
- Responding to first-time or unexpected allergic reactions

10.3 Adrenaline Auto-Injectors (AAIs) prescribed to pupils and staff with known severe allergies must be taken on educational visits and remain immediately accessible at all times.

10.4 A spare AAI should also accompany all educational visits to support an immediate emergency response, including in cases of:

- A suspected undiagnosed first-time allergic reaction
- Device failure or delay in accessing prescribed medication

10.5 The presence of emergency medication at a host venue does not remove the school's responsibility to ensure appropriate medication is available throughout the duration of the trip, including when travelling.

10.6 A designated member of staff should be made responsible for carrying the AAI and ensure it always remains accessible.

11.0 Emergency Treatment and Management Procedures

11.1 As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Actions to be taken:

- Keep the individual where they are, call for help and do not leave them unattended.
- Lie the individual 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. If in doubt, administer. 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 there is no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

11.2 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.

11.3 All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can recur after treatment.

12.0 Training

12.1 Allergy training should provide staff with a basic understanding of allergic disease and its risks. This should include:

- Understanding common allergens and triggers
- Recognising the signs and symptoms of an allergic reaction and anaphylaxis, acknowledging that early recognition of symptoms is key in achieving best outcomes
- Knowing when to call the emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis
- Awareness of measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance
- Awareness of roles and responsibilities in managing pupils with allergies
- Understanding how to implement and follow Allergy Action Plans (AAP), ensuring these are current and accessible

12.2 Allergy and anaphylaxis training is a mandatory training requirement for all School staff, regardless of their direct responsibility for pupils. This requirement aligns with mandatory guidance and assists the School in achieving the best outcome for individuals suffering from an allergic reaction. The training ensures that all staff are informed how to:

- Recognise an allergic reaction
- Respond appropriately in an emergency
- Support the implementation of effective control measures

12.3 If training is not specifically covered within first aid courses, training should be sought from: **National College - Allergy and Anaphylaxis**.

12.4 Allergy and anaphylaxis training should be assigned on induction and refreshed annually thereafter where not covered specifically in first aid training.

12.5 Training records should be maintained locally by the School and available to be evidenced upon request.

13.0 Bullying

13.1 Anglian Learning and the School promote a respectful and inclusive environment where pupils and staff are encouraged to support their peers in the safe management of allergens.

13.2 All concerns or incidents must be reported to a member of staff. Reports will be investigated promptly, with appropriate action taken to safeguard the individual affected.

13.3 Bullying or behaviour that places another individual at risk due to their allergy will be dealt with in accordance with the School behaviour management policy. Such behaviours include, but are not limited to:

- Deliberate exposure to allergens
- Threatening behaviour involving allergens
- Teasing, intimidation, or exclusion related to a person's allergy

14.0 Reporting and Investigating Incidents of Allergic Reactions

14.1 Any accident where a person suffers an allergic reaction must be reported on iAMCompliant as an ill-health report, as well as any other applicable reporting systems. Where the reaction meets the criteria for a more serious incident (e.g. requiring hospital treatment), consideration should also be given to escalation in line with statutory reporting requirements and internal procedures.

14.2 In line with the Anglian Learning Incident Reporting and Management Procedure, allergic reactions must be appropriately investigated to determine the root cause, enabling the school to assess lessons learned and implement further control measures to mitigate recurrence.

14.3 All incidents and subsequent actions should be reviewed and monitored to ensure that improvements are effectively implemented and maintained.

15.0 Monitoring

15.1 This policy will be reviewed annually or following any significant allergic incident, change in legislation, or updated guidance.

15.2 Compliance with the arrangements set out in this policy, and their implementation within the School, will form part of the internal audit criteria for wider first aid and health and safety arrangements, as conducted by the Health & Safety Advisor. Findings from audits will be reported to the Headteacher, with actions identified and addressed within agreed timescales.

Appendix A – First Aid for Anaphylaxis Poster

https://www.narf.org.uk/s/First-Aid-for-Anaphylaxis-Poster.pdf

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 Consciousness
- 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

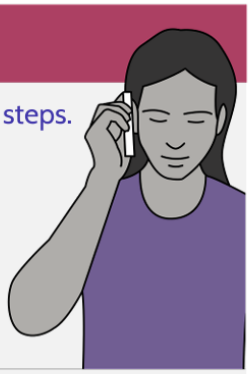
If any one or more of the above ABC symptoms are present, take these steps.

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. If there are no signs of improvement after 5 minutes

Inject a second AAI into the outer thigh. 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 B - Anaphylaxis Personal Risk Assessment

This form should be completed by the setting, in liaison with the parents/carers and the child, if appropriate. It should be shared with everyone who has contact with the pupil.

Pupil Name:	Date of Birth:
Setting/School: Phase: Primary/Secondary:	Key Worker/Teacher/Tutor:
Name and role of other professionals involved in this risk assessment (i.e. Specialist Nurse or School Nurse):	
Date of Assessment:	Reassessment due (reviewed annually or following any change in medical condition or incident):
I give permission for this to be shared with anyone who needs this information to keep the pupil safe: **Signatures:** Headteacher/School representative: Date: Parents/Carers: Date: Pupil: Date:	
What is this pupil allergic to? Allergen exposure risks to be considered: Ingestion Direct contact Indirect contact	
Does this pupil already have an Allergy Action Plan or an Individual Healthcare Plan? YES NO	

Is the pupil prescribed adrenaline auto-injectors (AAIs)? YES NO Summary of current medical evidence seen as part of the risk assessment (copies attached)
Key Questions - Please consider the activities below and insert any considerations than need to be put in place to enable the pupil to take part.
Activities
Crayons/painting:
Creative activities: i.e. craft paste/glue, pasta
Science type activity: i.e. bird feeders, planting seeds, food
Musical instrument sharing (cross contamination issue):
Cooking (food prep area and ingredients):
Meal time: kitchen prepared food (is allergy information available): packed lunches:
Snacks (is allergy information available):
Drinks:
Celebrations: e.g. Birthday, Easter:
Hand washing (secondary school how accessible is this for the child):
Indoor play/PE (AAIs to be with the child):
Outdoor play/PE (AAIs to be with the child):
School field (AAIs to be with the child):
Forest school (AAIs to be with the child):
Offsite trips (are staff who accompany trip trained to use AAI?):
Allergy Management
Does the pupil know when they are having an allergic reaction?
What signs are there that the pupil is having an allergic reaction?

What action needs to be taken if the pupil has an allergic reaction?
If the medication is stored in one secure place are there any occasions when this will not be within 5 minutes reach if required? Yes No If Yes state when and how this can be adjusted:
If the pupil is trained and confident can the medication be carried by them throughout the day? Yes No If No state reason:
Does the pupil have two of their own prescribed AAIs?
How many staff need to be trained to meet this pupil's need?
Are there backup spare AAIs available and where are they located?
Outcome of Risk Assessment **New Allergy Action Plan/Individual Healthcare Plan required? YES NO** **Existing Allergy Action Plan/Individual Healthcare Plan to be updated? YES NO**