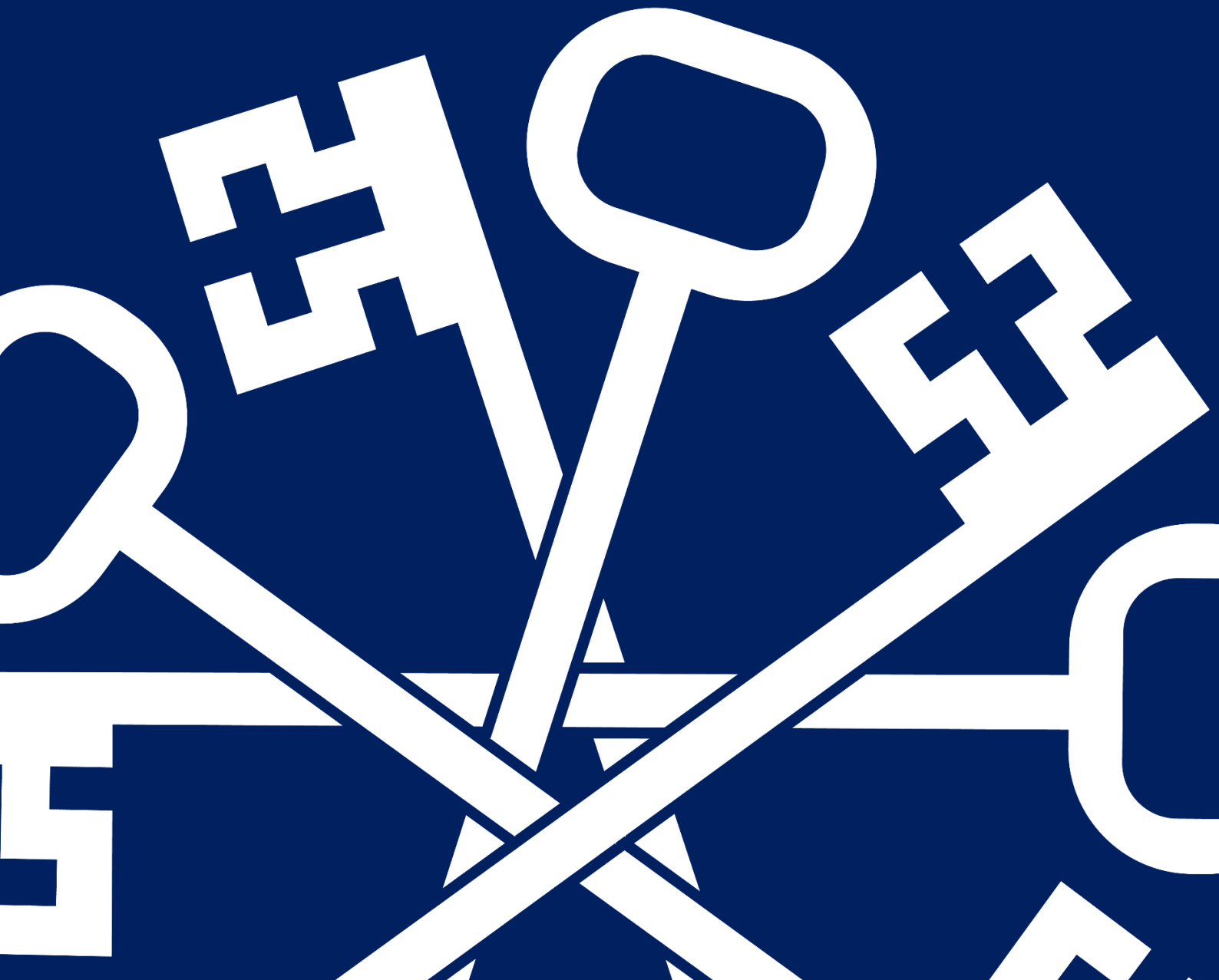
KEYS ACADEMIES TRUST

Allergy and Anaphylaxis Policy Version 1.1



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1. Policy Statement

1.1. At the heart of our mission is the belief that every individual has untapped potential waiting to be unlocked. By fostering an environment that challenges and supports growth, we want to create pathways for social mobility. By providing the right tools, guidance, and opportunities, we enable each person to overcome barriers and reach their fullest potential.

1.2. We want our schools to not only places of learning but vibrant communities where every person feels they truly belong. Within this students, teachers, and support staff alike should feel they are developing and succeeding. This success should be an achievable reality for all, irrespective of background or circumstance. It may be quite different for each of us, but the key is the feeling of pride in doing well and enjoyment of the journey.

1.3. We are committed to building inclusive environments where the uniqueness of every individual is celebrated, and where collective growth is the norm.

2. Change Summary

2.1. This is the first policy iteration.

3. Introduction

3.1. This policy sets out Longthorpe Primary Academy's approach to preventing and managing allergic reactions, including anaphylaxis, so that pupils with allergies are safe, fully included and able to participate in all aspects of school life. It applies to all pupils, staff, contractors, volunteers and visitors on site and to all off-site activities organised by the school (including trips, clubs and sporting fixtures).

3.2. The goals of this policy are:

a) To minimise the risk of any pupil suffering a serious allergic reaction whilst at school or attending any school related activity.

b) To set out how Longthorpe Primary Academy will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

c) To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.

4. Definitions

4.1. 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 sometimes causes a much more serious reaction called anaphylaxis.

4.2. Anaphylaxis is a serious, life-threatening 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 can include foods, insect stings, and drugs.

4.3. 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).

4.4. 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 are not limited to):

a) Peanuts

b) Fish

c) Tree Nuts

d) Latex

e) Sesame

f) Insect Venom

g) Milk

h) Pollen

i) Egg

j) Animal Dander

5. Legislation and Guidance

5.1. This policy is based on the Department for Education (DfE)'s guidance on allergies in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

a) The Food Information Regulations 2014

b) The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law).

5.2. Longthorpe Primary Academy supports the approach advocated by Anaphylaxis UK that blanket bans on nuts / any ban on particular allergens are NOT realistic or necessarily helpful: nuts are only one of many allergens that could affect pupils, and no school can guarantee a truly allergen free environment for a child living with food allergy. Instead Anaphylaxis UK advocate for schools to adopt a culture of allergy awareness and education, which is the approach we take at Longthorpe Primary Academy.

5.3. A 'whole school awareness of allergies' ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

6. Allergy Action Plans

6.1. Allergy action plans are designed to function as individual healthcare plans for children with food or other 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.

6.2. Longthorpe Primary Academy recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.

6.3. It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school.

7. Roles and Responsibilities

7.1. Parent Responsibilities

a) On entry to the school, it is the parent's responsibility to inform the office team of any allergies and include full details on the Admission Form. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.

b) Parents should 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/allergy specialist.

c) Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.

d) Parents must keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

e) Parents should provide the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis

f) Parents must, if required, provide their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner

g) Parent should carefully consider the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included

h) Parents must follow the school's guidance on food brought in to be shared

i) Parents must update the school on any changes to their child's condition

7.2. Allergy Leads

The Headteacher and School Business Manager, supported by the Office Team, are responsible for:

a) Promoting and maintaining allergy awareness across our school community

b) Recording and collating allergy and special dietary information for all relevant pupils

c) Ensuring all allergy information is up to date and readily available to relevant members of staff on Medical Tracker and Arbor

d) Ensuring care plans are uploaded onto Medical Tracker and reviewed annually

e) Sending out reminder to parents / carers when AAIs and emergency medication is expiring and needs to be replaced

f) Ensuring all pupils with allergies have an allergy action plan (these should also always be completed by a medical professional (in exceptional circumstances, an allergy plan can be temporarily created by parents and school staff whilst a medical plan is awaited)

g) Ensuring all staff receive an appropriate level of allergy training

h) Ensuring all staff are aware of the school's policy and procedures regarding allergies

i) Ensuring relevant staff are aware of what activities need an allergy risk assessment

j) Keeping stock of the school's adrenaline auto-injectors (AAIs)

k) Regularly reviewing and updating the allergy policy

7.3. Staff Responsibilities

All teaching and support staff are responsible for:

a) Promoting and maintaining allergy awareness among pupils

b) Maintaining awareness of our allergy policy and procedures

c) Being able to recognise the signs of severe allergic reactions and anaphylaxis

d) Attending appropriate allergy training as required

e) Being aware of specific pupils with allergies 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.

f) Carefully considering the use of food or other potential allergens in lesson and activity planning

g) 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.

h) Supporting the Allergy Leads & office team with chasing parents for in date medication

7.4. Pupils with Allergies

Pupils with allergies are responsible for:

a) Being aware of their allergens and the risks they pose

b) Understanding how and when to use their adrenaline auto-injector

c) If age-appropriate, carrying their adrenaline auto-injector or medication on their person and only using it for its intended purpose

7.5. Pupils without Allergies

These pupils are responsible for:

a) Being aware of allergens and the risk they pose to their peers

b) Not sharing food with friends

c) Being aware of the potential impact of foods they bring into school

Older pupils might also be expected to support their peers and staff in the case of an emergency.

8. Managing Risk

8.1. Hygiene Procedures

To prevent contamination which could affect pupils with allergies, pupils are reminded:

a) To wash their hands before and after eating

b) Sharing of food is not allowed

c) To name their water bottles

8.2. Catering Arrangements

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

a) 'Catering staff receive appropriate training (which, for external providers is verified through copies of certificates and a letter of assurance from the catering company), and are able to identify pupils with allergies'.

b) Photos of pupils with allergies are displayed at the serving counters.

c) School menus (with allergens listed) are available on the school website and are also accessible via SchoolGrid along with food allergen information and recipes.

d) Allergens are also listed on the SchoolGrid system when parents are booking meals and can enable food allergy flags via their own account.

e) The school menu (with allergens listed) is displayed in the kitchen servery area to help pupils with allergies learn to identify foods that they can / cannot eat.

f) Pupils with food allergies are identified through the meal booking system, SchoolGrid, at the service hatch and are plated up with a red tray.

g) Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination.

8.3. Food Restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, we would like to encourage pupils and staff to avoid bringing certain high-risk foods into school to reduce the chances of someone experiencing a reaction. These foods include:

a) Packaged nuts

b) Cereal, granola or chocolate bars containing nuts

c) Peanut butter or chocolate spreads containing nuts

d) Peanut-based sauces, such as satay

e) Sesame seeds and foods containing sesame seeds

If a pupil brings these foods into school, they may be asked to eat them away from others to minimise the risk, or the food may be confiscated.

Parents and pupils will no longer be able to bring in food for party bags or class sharing to minimise the risk of sharing products that are not suitable for allergy sufferers.

8.4. Insect Bites/Stings

When taking pupils outdoors for PE / science and other lessons, teachers should ensure that:

a) Shoes are worn

b) Food and drink are kept covered

c) Children's AAI are brought out with them

d) Staff have a walkie-talkie with them so they can call for help if needed

8.5. Animals

If coming into contact with animals, the following procedures will be followed:

a) All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact

b) Pupils with animal allergies will not interact with animals

9. Risk Assessments

9.1. The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

a) Lessons such as food technology

b) Science experiments involving foods

c) Crafts using food packaging

d) Off-site events and school trips

e) Any other activities involving animals or food, such as animal handling experiences or baking

9.2. A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

10. Inclusion, Wellbeing and Anti-Bullying

10.1. Pupils with allergies are supported to participate fully in school life. Bullying related to food allergy is not tolerated and is addressed under the behaviour and anti-bullying policies. Pastoral check-ins are available for pupils who experience anxiety related to allergy.

11. Events and School Trips

11.1. Trip leaders include pupils with allergies in all activities through planning and risk assessment. The leader ensures that pupils carry their own AAIs (or their grab bag is carried by the group leader for their group) and that a spare AAI kit accompanies the group when indicated.

11.2. Catering or venue providers are briefed in advance; packed alternatives are arranged where needed. No pupil will be excluded due to allergy risk when proportionate controls are available.

12. Supply, Storage and Care of Medication

12.1. Pupil's primary AAIs and inhaler (if required) are stored in blue waist bags and carried on their person as part of their education around allergy management. Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for carrying their AAI bag around school.

For younger children (or those not ready to take responsibility for their own medication), the blue waist bags should be taken between lessons by an appointed staff member in the class.

The Second AAI and antihistamine (if required) is stored in the main office in a separate emergency medications box. Each pupil's individual circumstances will be considered accordingly.

12.2. Pupil's medication should be stored in a suitable container inside the bag and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

a) Two AAIs i.e. EpiPen® or Jext® or Emerade®

b) An up-to-date allergy action plan

c) Antihistamine as tablets or syrup (if included on allergy action plan)

d) Spoon if required

e) Asthma inhaler (if included on allergy action plan).

12.3. Allergy Action Plans are also uploaded into Medical Tracker so any staff member treating a child will be able to see the allergy plan.

12.4. It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled. The AAI expiry dates will be added to Medical Tracker so alerts are sent automatically to the office team and the class teacher when medication is approaching expiry. The office team will then send out reminders to parents.

Parents can also subscribe to expiry alerts for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time.

13. Register of Pupils with AAIs

13.1. The school uses Medical Tracker to maintain a register of pupils who have been prescribed AAIs (or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis). The register and the allergy care plans include:

a) Known allergens and risk factors for anaphylaxis

b) Whether a pupil has been prescribed AAI(s) (and if so, what type and dose)

c) Where a pupil has been prescribed an AAI, whether parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the pupil

d) A photograph of each pupil to allow a visual check to be made

Medical Tracker is accessible online from iPads, laptops and desktops and can be checked quickly by any member of staff as part of initiating an emergency response.

13.2. Storage

As AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes, the hook for the emergency anaphylaxis kit should be positioned out of direct sunlight and away from radiators.

13.3. Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs should be given to the ambulance paramedics on arrival or can be disposed of in a sharps bin provided by the parent. Parents should be asked to change the sharps bin when needed.

14. 'Spare' Adrenaline Auto-Injectors (AAIs) in school

14.1. Longthorpe Primary Academy has one Emergency Anaphylaxis Kit and Asthma Kit in a grab box containing one 150mcg AAI, one 300mcg AAI, blue reliever inhaler for use in an emergency situation when personal devices are not available or not working (e.g. because they are out of date). These are located in the following areas:

a) Main School Office

14.2. Longthorpe Primary Academy also holds an additional spare AAIs and Inhaler in the following locations:

a) School Trip bag

14.3. The spare AAI in the office are taken out on trips, sports fixtures and to swimming lessons, in addition to pupil's own AAIs.

The spare AAIs are also listed on Medical Tracker with expiry dates so automatic alerts are sent to the office team when they are coming up to expiry. Kits are also checked monthly by the Site Officer to check that the AAIs are still present and the kit has not been tampered with.

15. Emergency Treatment and Management of Anaphylaxis

15.1. As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately. Staff are trained in the administration of AAIs to minimise delays in pupil's receiving adrenaline in an emergency.

15.2. What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen. Mild to moderate allergic reaction symptoms may include:

a) a red raised rash (known as hives or urticaria) anywhere on the body

b) a tingling or itchy feeling in the mouth

c) swelling of lips, face or eyes

d) stomach pain or vomiting.

If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents/carers informed

15.3. More serious symptoms are often referred to as the **ABC** symptoms and can include:

a) **AIRWAY** - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).

b) **BREATHING** - sudden onset wheezing, breathing difficulty, noisy breathing.

c) **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious 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. Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. Adrenaline is the mainstay of treatment, and it starts to work within seconds.

15.4. What does adrenaline do?

a) It opens up the airways

b) It stops swelling

c) It raises the blood pressure

If anaphylaxis is suspected, adrenaline must be administered without delay.

Action:

d) Keep the child where they are, call for help and do not leave them unattended.

e) **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.

f) **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.

g) **CALL 999** and state **ANAPHYLAXIS** (ana-fil-axis).

h) If no improvement after 5 minutes, **administer second AAI.**

i) If no signs of life commence CPR.

j) Call parent/carer as soon as possible.

If an AAI needs to be administered, a member of staff will use the pupil's own AAI, or if it is not available, a school one

15.5. A school AAI device will be used instead of the pupil's own AAI device if:

a) Medical authorisation and written parental consent have been provided, or

b) The pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered)

Whilst 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 reoccur after treatment.

If anaphylaxis is suspected **in an undiagnosed individual** call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.

16. Training

16.1. The school is committed to training all staff in allergy response. This includes:

a) How to reduce and prevent the risk of allergic reactions

b) How to spot the signs of allergic reactions (including anaphylaxis)

c) The importance of acting quickly in the case of anaphylaxis

d) Where AAIs are kept on the school site, and how to access them

e) How to administer AAIs

f) The wellbeing and inclusion implications of allergies

16.2. Training will be carried out bi-annually, with annual refreshers.

17. Links to other policies

17.1. This policy links to the following policies and procedures:

a) Health and safety policy

b) First aid policy

c) Supporting pupils with medical conditions policy

d) School food policy

18. Version History

VERSION	ACTION	RESPONSIBLE	DATE
1.0	Trust template created	Bobby MAGUIRE	04/08/2026
1.1	Updated with school's context	Missy Ali	27.08.2026