

St. Anselm's Catholic Primary School



Allergy Management at School Policy

Date of Approval:	7 th July 2026
Review frequency:	Annually
Next review date:	Summer 2027
Reviewed by:	Mrs L White, Headteacher

This policy was agreed by the FGB on 7th July 2026 and will be reviewed in Summer 2027, or sooner if required.

This policy has been adopted from Anaphylaxis UK's model policy and adapted to reflect the practice in St Anselm's School.

Mission Statement

St Anselm's is a community of faith, serving local families and providing a Catholic education. We strive to work in partnership with parents and carers to:

- Inspire children to be ambassadors of Jesus through meaningful prayer, thoughtful reflection and exploration of the Gospel;
- Ignite a love for life-long learning by encouraging and challenging children through purposeful learning opportunities;
- Include and value everyone, recognise and celebrate uniqueness and promote self-appreciation and mutual respect;
- Empower children to be ambitious, confident and aspirational now and in their vision for the future;
- Provide an environment where positive wellbeing and mental health ensures everyone feels safe, happy and loved as children of God.

This policy is written in line with the requirements of:

- New mandatory, government legislation coming into effect in September 2026

Introduction

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.

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.

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 fairly 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 St Anselm's Primary School will support pupils with allergies to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

Role and Responsibilities

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform the office staff or first aider 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 (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 eg. GP or allergy specialist.
- 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 need to be kept updated accordingly.

Staff Responsibilities

- **All** staff 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, have their medication. Pupils unable to produce their required medication will not be able to attend the excursion.
- The First Aider 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 first aider will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The first aider will keep a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.

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.

St Anselm's Primary School 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.

It is the parent/carer's responsibility to complete the allergy action plan with the help from a healthcare professional eg GP or Allergy Specialist and provide this to the school. The school will attach the BSACI Action Plan to the school's health care plan for that child.

Emergency Treatment and Management of Anaphylaxis

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 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 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.

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 a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do:

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

As soon as anaphylaxis is suspected, adrenaline must be administered without delay. (Never ask the child to walk to the AAI always bring the AAI to the child)

Action:

- Keep the child where they are, call for help and do not leave them unattended.
- **LIE THE 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. AAI's 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 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 reoccur after treatment.

Supply, Storage and Care of Medication

All AAI's will be stored in the care suite in an unlocked cabinet which is easily accessible to all staff. This includes children's individual prescribed AAIs and the school emergency supply.

Individual AAIs and medications will be stored in a suitable container and clearly labelled with the pupil's name. The medication storage container should contain:

- Two AAIs (eg EpiPen, Jext or Emerade)
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on the allergy plan)
- Spoon or syringe if required
- Asthma inhaler (if included on the allergy plan)

It is the responsibility of the child's parents to ensure that all medication is up-to-date and clearly labelled. However, the school first aider will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

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

Storage

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

Disposal

AAIs are single use only and must be disposed of as sharps. St Anselm's does not have a sharps bin and so used AAIs should be given to ambulance paramedics on arrival or taken to a local pharmacy for disposal.

'Spare' Adrenaline Auto-injectors in School

St Anselm's school has purchased four (4) spare **AAIs for emergency use in children who are at risk of anaphylaxis**, but their own devices are not available or not working (eg. Because they are out of date).

These are stored in the Care Suite in a clear container clearly labelled '**Emergency Anaphylaxis Adrenaline Pen**', kept safely, not locked away and **accessible and known to all staff**.

St Anselm's holds:

- 2 x 150mg AAI
- 2 x 300mg AAI

The First Aider is responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

Written parental permission for use of the spare AAIs is included in the pupil's allergy action plan.

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

Staff Training

The names staff members responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:

Mrs Karen Woodhams – Training

Mrs Laura White - Policy

All staff will complete online Allergy anaphylaxis training at the start of every new academic year. Training is also available on an ad-hoc basis for any new members of staff

Training includes

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device.
- Measures to reduce the risk of a child having an allergic reaction eg. Allergen avoidance, knowing who is responsible for what.
- Managing allergy action plans and ensuring these are up to date.
- A practical session using trainer devices (these can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk and www.emerade-bausch.co.uk)

Inclusion and safeguarding

St Anselm's School 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.

Catering

All food businesses (including 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 menu is available for parents to view termly in advance with all ingredients listed and allergens highlighted on the school website at www.st-anselms.kent.sch.uk

The First Aider will inform the catering manager/Chef of pupils with food allergies.

The school catering business will be given a list of children in the school with food allergies (this must contain a photograph and the allergen). The First Aider is responsible for ensuring that this is kept up to date and the catering business informed of any changes (eg additions/deletions).

Parents are requested to meet with the First Aider to discuss their child's needs.

The school adheres to the following **Department of Health Guidance** recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school kitchen or tuck shop, parents should check the appropriateness of foods by speaking directly with the First Aider or school office.
- The pupil should be taught to also check with catering staff before selecting their lunch choice.

- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information parents/carers are encouraged to liaise with the catering manager.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (eg birthday parties, food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

School trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies have their medication on the trip. Pupils unable to produce their required medication will not be able to attend the excursion.

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 school trips should be possible with careful planning and a meeting for parents with the lead member 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 Excursions

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the PE 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. A member of staff trained in administering adrenaline will accompany the team. 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.

Allergy Awareness and Nut Bans

St Anselm's school supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

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

Risk Assessment

St Anselm's 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. (Appendix 1)

Linked Policies

First Aid

Useful Links

Anaphylaxis UK – <https://www.anaphylaxis.org.uk/>

- Safer Schools Programme – <https://www.anaphylaxis.org.uk/education/safer-schools-programme/>
- AllergyWise for schools online training – <https://www.allergywise.org.uk/p/allergywise-for-schools1>

Allergy UK – <https://www.allergyuk.org>

- Resources for managing allergies at school – <https://www.allergyuk.org/living-with-an-allergy/at-school/>

BSACI Allergy Action Plans – <https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/>

Spare Pens in Schools – <http://www.sparepensinschools.uk>

Department for Education Supporting pupils at school with medical conditions – <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachmentdata/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf>

Department Of Health Guidance on the use of adrenaline auto-injectors in schools- [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachmentdata/file/645476/Adrenaline auto injectors in schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachmentdata/file/645476/Adrenaline%20auto%20injectors%20in%20schools.pdf)

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) <https://www.nice.org.uk/guidance/qs118>

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) <https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834>

Appendix 1

Allergy Management Risk Assessment for Individual Students



This form should be completed by the setting in liaison with the parents/guardian and the student if appropriate. It should be shared with everyone who has contact with the student. It should be read alongside the student's Health Care Plan that has been produced the Allergy clinic. A whole school approach is recommended in the management of allergy which would involve all staff to have awareness training in addition to key staff having adrenaline autoinjector (AAI) training.

Child/Young person: Click or tap here to enter text.	Date of Birth: Click or tap here to enter text.
Setting/School: Click or tap here to enter text.	Key Worker/Teacher/Tutor: Click or tap here to enter text.
Allergies: Click or tap here to enter text. Are reactions: Ingestion Click or tap here to enter text. Direct contact: Click or tap here to enter text. Indirect contact: Click or tap here to enter text.	
G.P: Name: Click or tap here to enter text. Phone number: Click or tap here to enter text.	Clinic/Hospital: Name: Click or tap here to enter text. Phone number: Click or tap here to enter text.
Date: Click or tap here to enter text.	Review date: Click or tap here to enter text.
Who is responsible for providing support in school: Click or tap here to enter text.	
People involved in writing this plan: Click or tap here to enter text.	
Signatures: Setting Manager/Head teacher: Date: Click or tap here to enter text. Young person: Date: Click or tap here to enter text. I give permission for this risk assessment to be shared with anyone who needs this information to keep my child/young person safe, I give permission for my child's photograph to be displayed sensitively to keep my child safe, I give permission for the school's 'spare' AAI to be used on my child in an emergency where anaphylaxis is suspected. Parents: Date: Click or tap here to enter text.	

Complete this risk assessment in discussion with the parent/guardian, student if appropriate and medical professional if available. Consider all situations that the student may be in and agree control measures. Use the risk analysis tool at the end of the document to assess probability and impact producing further control measures if necessary. This is intended to be dynamic document and should be updated annually or after an incident or near miss.			
Can the student recognise a reaction for themselves?			
What have been the symptoms of previous reactions?			
What are the hazards for each activity?	What are you already doing to control the risks?	Probability	Impact
Medication:			
Storage: Location of child's medication Location of generic 'spare' AAI			
Food and drink:			
Break time snacks including drinks			
Lunch time: Hot meals Sandwiches Drinks			
Events involving food: Cake sales Parties Other PTA events Drinks			
Celebrations: e.g. Birthdays, Easter			
Curriculum activities:			
Cooking			
Creative activities: e.g. junk modelling, pasta			

Music: instrument sharing (cross contamination issue)			
Science activities:			
PE: Indoor Outdoor Forest Schools			
Playtime: Playground Field			
Offsite activities:			
Curriculum visitors Day trips			
Residential visits			
Other:			

This must be completed for any activity that is medium with the aim of bringing the risk to LOW.

Activities that are High or Extreme must not happen unless action can be implemented to bring the risk to LOW.

Hazard	What further action do you need to take to control the risks?	Who needs to carry out the action?	What is the action needed by?	Completed

Consequence		Minor	Moderate	Major	Critical	Catastrophic
Likelihood	Rare	Low	Low	Low	Low	Low
	Unlikely	Low	Low	Medium	Medium	Medium
	Possible	Low	Medium	Medium	High	High
	Likely	Medium	Medium	High	High	Extreme
	Certain	Medium	Medium	High	Extreme	Extreme

Consequence	Minor	Moderate	Major	Critical	Catastrophic
This is the impact of the action being allowed to happen	No reaction	Non anaphylactic reaction	Emergency response required, ambulance and hospital	Emergency response required, ambulance and hospital	Fatal, Death

Likelihood	Definition
Rare	May only occur in exceptional circumstances
Unlikely	Could occur in some circumstances, surprised if happened
Possible	Possible or likely to occur in most circumstances
Likely	Will occur in most circumstances
certain	It is expected to occur, inevitable

