



# Pine Green and Evergreen Allergy and Anaphylaxis Policy

|                       |                                       |
|-----------------------|---------------------------------------|
| Procedure Originator: | Anni Keogh                            |
| Approved By:          | SLT                                   |
| Queries to:           | The office (Pine Green and Evergreen) |
| Review Interval:      | 3 years – Next review March 2029      |

## 1. Policy Statement

Pine Green Academy and Evergreen Academy is committed to providing a safe, inclusive and supportive environment for all pupils across the whole school community, including those with allergies. We recognise that allergies can be life-threatening and that effective prevention, early identification and prompt treatment of allergic reactions are essential.

This policy reflects a whole-school approach. Allergy awareness and risk reduction are embedded across leadership, teaching, support staff, lunchtime supervision, educational visits and transport. All staff share responsibility for safeguarding pupils with medical needs.

The school ensures that arrangements for managing allergies are robust, well understood and consistently implemented. Leaders monitor practice to ensure that systems are effective and that pupils with allergies are able to participate fully in all aspects of school life.

We aim to:

- Reduce the risk of exposure to allergens across all areas of school life.
- Ensure all staff are trained to recognise and respond appropriately to allergic reactions, including anaphylaxis.
- Promote a culture of awareness, vigilance and shared responsibility.
- Support pupils with allergies through clear planning, communication and partnership with parents/carers.

Pine Green Academy and Evergreen Academy operates as a **Nut-Conscious School**. No products containing nuts are purchased, supplied or used within school grounds. We strongly discourage parents/carers and staff from providing nut-based items in lunch boxes or for any school-related activities. This approach significantly reduces risk and supports the safety of pupils with nut allergies.

## 2. Definition of Allergy and Anaphylaxis

### What is an Allergy?

An allergy is an immune system response to a normally harmless substance (allergen), such as certain foods, insect stings, medications, or environmental triggers.

### What is Anaphylaxis?

Anaphylaxis is a severe, potentially life-threatening allergic reaction that can develop rapidly. It requires immediate medical treatment with an adrenaline auto-injector (AAI) and emergency medical assistance.

## 3. Identification and Individual Healthcare Plans

Students with diagnosed allergies are identified through their **Individual Healthcare Plan (IHP)**.

- IHPs are reviewed every 12 months or sooner if there is any change in medical needs.
- Parents/carers must provide up-to-date medical information and prescribed medication.
- All relevant staff are informed of students with allergies and their specific triggers.

## 4. Location of Adrenaline Auto-Injectors (AAIs)

Emergency Adrenaline Auto-Injector (AAI) pens are stored in the following locations:

- Secondary School Office 2 pens

- Primary Medical Room – 2 pens
- Evergreen PRU Medical Cabinet – 2 pens
- Mini Bus First Aid Kit – 1 pen

These locations are clearly identified and accessible at all times.

## **5. Allergy Champions**

The designated Allergy Champions are:

- Hayley Evans – Secondary
- Emma Shaw – Primary
- Emma Cottrill – Evergreen PRU

Their responsibilities include:

- Supporting staff with allergy management procedures.
- Ensuring medication is in date and correctly stored.
- Promoting awareness of allergy safety across the school.

## **6. Reducing Risk in the Classroom**

Staff will:

- Be aware of students with allergies in their class.
- Avoid the use of nuts or nut-based products.
- Check ingredients of food used in lessons or activities.
- Ensure handwashing before and after eating.
- Clean surfaces regularly to reduce cross-contamination.
- Supervise food-related activities carefully.

Students will be encouraged to:

- Not share food.
- Wash hands regularly.
- Report any symptoms immediately.

## **7. Educational Visits and Trips**

Prior to trips:

- Risk assessments will identify allergy risks.
- Staff will check food arrangements in advance.
- At least one trained member of staff will accompany the trip.
- AAls will be taken and easily accessible.

During trips:

- Students with allergies will be closely supervised.
- Emergency procedures will be clearly understood by staff.

## **8. Recognising Symptoms of an Allergic Reaction**

### **Mild to Moderate Symptoms:**

- Itchy mouth or lips
- Swelling of lips, face, or eyes
- Hives or rash
- Abdominal pain or vomiting
- Sneezing or mild wheezing

### **Severe Symptoms (Anaphylaxis):**

- Difficulty breathing
- Swelling of throat or tongue
- Persistent cough
- Hoarse voice

- Dizziness or collapse
- Pale or floppy (in younger children)

Symptoms can progress rapidly.

## **9. Treatment Procedures**

If a mild reaction occurs:

1. Stay with the student.
2. Inform a trained first aider or Allergy Champion.
3. Administer antihistamine if prescribed.
4. Monitor closely for worsening symptoms.

If anaphylaxis is suspected:

1. Administer the Adrenaline Auto-Injector immediately.
2. Call 999 and state "Anaphylaxis".
3. Lie the student flat with legs raised (unless breathing is difficult, then allow them to sit upright).
4. If no improvement after 5 minutes, administer a second AAI if available.
5. Inform parents/carers.

The student must go to hospital for observation, even if symptoms improve.

## **10. Staff Training**

All staff receive whole-school allergy and anaphylaxis training every 12 months. This training is conducted by the School Nurse.

Training includes:

- Recognising the signs and symptoms of allergic reactions and anaphylaxis.
- How and when to administer Adrenaline Auto-Injectors (AAIs).
- Emergency response procedures.
- Preventative measures to reduce risk in school.

Additional training is provided for new staff as part of their induction. Refresher training may also be arranged sooner if required.

Training is formally refreshed annually.

## **11. Communication with Parents/Carers**

The school works in partnership with parents/carers to:

- Obtain accurate medical information.
- Review IHPs annually.
- Ensure medication is in date.
- Promote awareness of the school's nut-conscious policy.

## **12. Monitoring and Review**

The implementation of this policy is monitored by the Senior Leadership Team to ensure it is consistently applied across the whole school.

Leaders evaluate the effectiveness of:

- Staff training and awareness.
- Risk assessments and preventative measures.
- Record keeping and Individual Healthcare Plans.
- Emergency response procedures.

The Governing Body receives oversight of medical needs provision as part of its

safeguarding responsibilities.

This policy will be reviewed annually, or sooner if legislation, statutory guidance or school circumstances change. The review process will ensure that procedures remain effective, proportionate and in line with current best practice.

### **Glossary of Terms**

**Allergen** – A substance that can cause an allergic reaction.

**Allergy** – An immune response to a harmless substance.

**Anaphylaxis** – A severe, life-threatening allergic reaction.

**Adrenaline Auto-Injector (AAI)** – A medical device used to deliver adrenaline in cases of anaphylaxis (e.g., EpiPen).

**Individual Healthcare Plan (IHP)** – A document outlining a student's medical needs and required support.

**Cross-Contamination** – When allergens are accidentally transferred from one surface or food to another.