Pupil Allergy and Anaphylaxis Policy

Applicable to:	✓	Seaton Valley High School
	✓	Seaton Sluice Middle School
	✓	Whytrig Middle School
Approval body:	Pupil Support Committee	

Status:

Statutory policy or document	Yes
Review frequency	Governing Body to determine
Approval by	Governing Body to determine

Publication:

Statutory requirement to publish on school website	No
Agreed to publish on school website	Yes

Review:

Frequency	**Next Review Due**
Annually	Autumn 2027

Version Control:

Author	**Creation Date**	**Version**	**Status**
Business Director (BW)	5 August 2026	0.1	Initial draft based on The Allergy Team model policy (October 2025)
Changed by	**Revision Date**		
Business Director (BW)	24 August 2026	1.0	Final approved version for publication

1 Aims and objectives

1.1 This policy outlines the federation's approach to allergy management, including how the whole-school community works to reduce the risk of an allergic reaction happening and the procedures in place to respond if one does. It also sets out how we support our pupils with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an allergy aware school.

1.2 This policy applies to all staff, pupils, parents and visitors to our schools and should be read alongside the federation's Supporting Pupils with Medical Conditions, School Food and Child Protection policies.

2 What is an allergy?

2.1 Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

2.2 Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

2.3 People can be allergic to anything, but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

3 Definitions

Anaphylaxis

3.1 Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

Allergen

3.2 A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

3.3 Most severe allergic reactions to food are caused by just nine foods. These are:

- eggs
- milk
- peanuts
- tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc.)
- sesame
- fish
- shellfish
- soya
- wheat

3.4 There are fourteen allergens required by UK law to be highlighted on pre-packed food. These allergens are:

- celery

- cereals containing gluten
- crustaceans
- egg
- fish
- lupin
- milk
- molluscs
- mustard
- peanuts
- tree nuts
- soya
- sulphites (or sulphur dioxide)
- sesame

Adrenaline Auto-Injector (AAI)

3.5 Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAIs, adrenaline pens or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen and Jext Pen. For the purposes of this policy we will refer to them as Adrenaline Pens.

Allergy Action Plan

3.6 This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan.

Designated Allergy Lead

3.7 The senior member of staff responsible for overseeing allergy management across the federation.

Medication Coordinator

3.8 The member of staff who acts as the main point of contact for pupils, parents and staff.

Neffy

3.9 Neffy (its official name in the UK is EURNeffy) is a nasal spray which delivers adrenaline. It is a needle-free alternative to an adrenaline auto-injector approved.

Individual Healthcare Plan

3.10 A detailed document outlining an individual pupil's medical conditions, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, pupils. All pupils with an allergy should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan.

Risk Assessment

3.11 A detailed document outlining an activity, the risks it poses and any actions taken to mitigate those risks. Allergy should be included on all risk assessments for events on

and off the school site.

Spare Adrenaline Pens

3.12 Schools are able to purchase spare adrenaline pens. These should be held as a back-up, in case pupils' prescribed adrenaline pens are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

4 Roles and responsibilities

4.1 We take a whole-federation approach to allergy management.

4.2 The federation's **Designated Allergy Lead** is Janet Das, Business Manager - HR, Admin and Governance. They are responsible for:

- ensuring the safety, inclusion and wellbeing of pupils and staff with an allergy
- taking decisions on allergy management across the federation
- championing and practising allergy awareness across the federation
- being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management
- ensuring allergy information is recorded, up-to-date and communicated to all staff (N.B. although they have ultimate responsibility, the collation of information is delegated to the Medication Coordinator)
- making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment)
- ensuring staff, pupils and parents have a good awareness of the federation's Pupil Allergy and Anaphylaxis Policy, and other related procedures
- reviewing the federation's stock of spare adrenaline pens, checking each school has an appropriate number for the setting, that they hold the correct dose, that spare adrenaline pens are stored appropriately, and ensuring staff know where they are
- keeping a record of any allergic reactions or near-misses, reporting these to the appropriate authority (e.g.under RIDDOR) where necessary and ensuring the circumstances are investigated and learnings shared
- regularly reviewing and updating the Pupil Allergy and Anaphylaxis Policy
- ensuring there is an anaphylaxis drill once a year

4.3 At regular intervals the Designated Allergy Lead will check procedures and report to the Senior Leadership Team.

4.4 The federation's **Medication Coordinator** is Angela Vintis. They are responsible for:

- collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families
- supporting the Designated Allergy Lead with disseminating this information to all federation staff, including the catering team, occasional staff and those running clubs
- ensuring the information from families is up-to-date, and reviewed at least annually
- coordinating medication with families and ensuring medication is in date
- keeping an adrenaline pen register to include adrenaline pens prescribed to pupils and each school's stock of spare adrenaline pens, including brand, dose

and expiry date; the location of spare adrenaline pens should also be documented
- regularly checking spare adrenaline pens are where they should be, and that they are in date
- replacing the spare adrenaline pens when necessary
- providing on-site adrenaline pen training for staff and pupils and refresher training as required e.g. before school trips
- ensuring that for new pupils:
    - there is a clear method to capture allergy information or special dietary information at the earliest opportunity
    - there is a clear structure in place to communicate this information to relevant colleagues e.g. pastoral and catering teams
    - parents and applicants are informed of catering arrangements during admission/transition events
    - plans are made for emergency medication if the child is to be left without parental supervision

4.5 **All school staff** are responsible for:

- championing and practising allergy awareness across the school
- reading, understanding and putting into practice the Pupil Allergy and Anaphylaxis Policy and related procedures, and asking for support if needed
- being aware of pupils (and staff, when necessary) with allergies and what they are allergic to
- considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate
- ensuring pupils always have access to their medication or carrying it on their behalf
- being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training
- taking part in training and anaphylaxis drills as required, and at least once a year; whilst it is the federation's responsibility to ensure staff have received annual training, if the member of staff is aware they have not received any allergy training in the last twelve months they should alert a manager as soon as possible
- considering the safety, inclusion and wellbeing of pupils with allergies at all times
- preventing and responding to allergy-related bullying, in line with the federation's Anti-Bullying Policy
- forwarding any communication or information that comes directly to them from parents regarding allergens to the Medication Coordinator
- ensuring that pupils have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving school site, for a match or trip

4.6 **All parents and carers** - whether their child has an allergy or not - are responsible for:

- being aware of and understanding the federation's Pupil Allergy and Anaphylaxis Policy and considering the safety and wellbeing of pupils with allergies
- providing the federation's Medication Coordinator with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis; they should also inform the school of any related conditions, for example asthma, hay fever, rhinitis or eczema

- considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events
- refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice
- encouraging their child to be allergy aware

4.7 In addition, **parents and carers of children with allergies** should:

- work with the school to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan
- if applicable, provide the school or their child with two labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser i.e. spoon or syringe), inhalers or creams
- ensure medication is in-date and replaced at the appropriate time
- ensure their child has access to their allergy medication, including two adrenaline pens if prescribed, on the journey to and from school
- update school with any changes to their child's condition and ensure the relevant paperwork is updated too
- provide the school with an up-to-date photograph of their child and sign the associated permission for it to be shared appropriately as part of their allergy management
- support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring e.g. not eating the food to which they are allergic

4.8 **All pupils** should:

- be allergy aware
- understand the risks allergens might pose to their peers and respect measures to support them
- learn how they can support their peers and be alert to allergy-related bullying
- in the case of older pupils, learn how to recognise an allergic reaction and support their peers and staff in case of an emergency

4.9 In addition, **pupils with allergies** are responsible for:

- knowing what their allergies are and how to mitigate personal risk
- avoiding their allergen as best as they can
- understanding the importance of following the school specific processes at lunch and break times and how that mitigates risk
- understanding that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction
- carrying two AAIs with them at all times, if age and capability appropriate; they must only use them for their intended purpose
- understanding how and when to use their AAI
- talking to the Medication Coordinator or other member of staff if they are concerned by any school processes or systems related to their allergy
- raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies
- if age and capability appropriate, ensuring they have their medication with them on the journey to and from school

5 Information and documentation

Register of Pupils With an Allergy

5.1 Each school has a register of pupils who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed adrenaline pens, as well as pupils with an allergy where no adrenaline pens have been prescribed.

Individual Healthcare Plans

5.2 Each pupil with an allergy has an Individual Healthcare Plan. The information on this plan includes:

- known allergens and risk factors for allergic reactions
- a history of their allergic reactions
- detail of the medication the pupil has been prescribed including dose; this should include adrenaline pens, antihistamine etc.
- a copy of parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis
- a photograph of each pupil
- a copy of their Allergy Action Plan

6 Assessing risk

6.1 Allergens can crop up in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. Some examples include:

- classroom activities, for example craft using food packaging, science experiments where allergens are present, food lessons or cooking
- bringing animals into the school, for example a dog or hatching chick eggs can pose a risk
- running activities or clubs where they might hand out snacks or food “treats”; safe food must be provided or an alternative non-food treat considered for all pupils
- planning special events, such as cultural days and celebrations

6.2 Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, the activity should be adapted to ensure compliance with the Equality Act 2010.

7 Food, including mealtimes and snacks

Catering in School

7.1 The federation is committed to providing a safe meal for all pupils, staff and visitors, including those with food allergies:

- Due diligence is carried out with regard to allergen management when appointing catering staff.
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training.
- Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures.

- The catering team will endeavour to get to know the pupils with allergies and what their allergies are, supported by school staff.
- The catering team will endeavour to provide varied meal options to students and staff with allergies.
- The school has robust procedures in place to identify pupils with food allergies, including a visual check from a member of staff familiar with the pupils who have allergies, and photos of pupils with allergies are also available to the catering team.
- Food containing the main fourteen allergens (see above) will be clearly labelled. Other ingredient information will be available on request.
- Pre-packaged food will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging.
- Where changes are made to the ingredients this will be communicated to pupils with dietary needs by the catering team.
- Food provided at our breakfast clubs will also follow these procedures.

Food Brought into School

7.2 The federation has a duty of care to all students and therefore needs to have procedures in place to minimise the risk of a reaction occurring in a food-allergic child. As such, we aspire to be a nut-free federation of schools, and we ask all members of the school community to support this aspiration by ensuring that nut products are never brought into school, whether in packed lunches or as snacks. This also includes events/fairs and treats which are brought in on special occasions.

7.3 Examples of items containing nuts which should not be brought into school include:

- peanut butter sandwiches
- chocolate spreads
- cereal bars
- some granola bars
- cakes that contain nuts
- biscuits or cookies that contain nuts
- peanut butter cakes
- some Asian food, including satay
- sauces that contain nuts

7.4 This list is not exhaustive, so please check the packaging of products closely.

Food Hygiene for Pupils

7.5 Pupils are expected to adhere to the following:

- Pupils must wash their hands before and after eating.
- Sharing, swapping or throwing food is not allowed.
- Water bottles and packed lunches should be clearly labelled.

8 Educational visits and sports fixtures

8.1 Staff leading a trip will have a register of pupils with allergies and details of their medication. Staff should notify the trip leader of any allergies.

8.2 Allergies will be considered on the risk assessment and catering provision put in place.

8.3 Parents, and pupils where appropriate, may be consulted if considered necessary, or if the trip requires an overnight stay.

8.4 Staff (and some pupils, if appropriate) accompanying the trip will be trained to recognise and respond to an allergic reaction.

8.5 Allergens will be clearly labelled on catered packed lunches.

9 Insect stings

9.1 Those with a known insect venom allergy should:

- avoid walking around in bare feet or sandals when outside and when possible keep arms and legs covered
- avoid wearing strong perfumes or cosmetics
- keep food and drink covered.

9.2 The federation's site team will monitor the grounds for wasp or bee nests. Pupils (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the school grounds and avoid them.

10 Animals

10.1 Precautions to limit the risk of an allergic reaction to animals include:

- A pupil with a known animal allergy should avoid the animal to which they are allergic.
- If an animal comes on site a risk assessment will be done prior to the visit.
- Areas visited by animals will be cleaned thoroughly.
- Anyone in contact with an animal will wash their hands after contact.
- School trips that include visits to animals will be carefully risk assessed.

11 Allergic rhinitis / hay fever

11.1 Measures for dealing with seasonal pollen allergy and hay fever and persistent nasal allergy due to house dust mites or other allergens include:

- all medication to be stored in the school office; prescription or over-the-counter medication should not be in pupils' bags unless authorised by the school
- ensuring parents have submitted any required permission forms, clearly stating allergic rhinitis / hay fever medication type, dose and time to be administered; staff must contact home to ensure medication is evenly spaced
- rinsing after outdoor break; if pupils have been outside for break or PE, splash their face with cold water and wash hands immediately after coming back inside to wash away surface pollen
- sitting away from open windows; pupils may ask their teacher if they can sit further inside the classroom rather than right next to an open window where pollen drifts in
- avoid sitting directly on grass during outdoor breaks or PE, instead sit on a bench or coat rather than directly on fresh grass
- dampening paper towels for itchy eyes; if the pupil's eyes start to sting, press a cool, damp paper towel gently over their closed eyes for a minute

12 Inclusion and mental health

12.1 Allergies can have a significant impact on mental health and wellbeing. Pupils may experience anxiety and depression and are more susceptible to bullying:

- No child with allergies should be excluded from taking part in a school activity, whether on the school premises or a school trip.
- Pupils with allergies may require additional pastoral support including regular check-ins.
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives.
- Bullying related to allergy will be treated in line with the federation's Anti-Bullying Policy.

13 Adrenaline pens

Storage of Adrenaline Pens

- Pupils prescribed with adrenaline pens will have easy access to two, in-date pens at all times.
- Spot checks will be made to ensure adrenaline pens are where they should be and in date.
- Adrenaline pens must not be kept locked away.
- Adrenaline pens should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator).
- Used or out of date pens will be disposed of as sharps.

Spare Adrenaline Pens

13.1 Each school has spare adrenaline pens to be used in accordance with government guidance.

13.2 The locations of spare adrenaline pens are clearly signposted. These are:

- Prospect Avenue Site
  - Main Reception 0.3mg
  - Kitchen 0.3mg
  - Staffroom 0.3mg
  - Sports Building 0.3mg
  - WMS Reception 0.3 mg
- Alston Grove Site
  - Main Reception 0.3mg
  - Staffroom 0.3mg

13.3 The Designated Allergy Lead and Medication Coordinator are responsible for:

- deciding how many spare adrenaline pens are required, including in grab bags for school trips and sports fixtures
- what dosage is required, based on the Resuscitation Council UK's age-based guidance
- which brand(s) to buy, noting that schools are recommended to buy a single brand if possible to avoid confusion
- the purchasing of spare adrenaline pens (which can be obtained at low cost from a local pharmacy)

- distribution around the school sites and clear signage

Adrenaline Pens on Off-Site Activities

- No child with a prescribed adrenaline pen will be able to go on a school trip without two of their own devices. It is the trip leader's responsibility to check they have them.
- Adrenaline pens will be kept close to the pupils at all times e.g. not stored in the hold of the coach when travelling or left in changing rooms.
- Adrenaline pens will be protected from extreme temperatures.
- Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction.
- Consideration will be given as to whether to take spare adrenaline pens to off-site activities. This should be recorded as part of the risk assessment process.

14 Responding to an allergic reaction /anaphylaxis

14.1 If a pupil has an allergic reaction:

- Treat the pupil in accordance with their Allergy Action Plan.
- Call 999.
- If anaphylaxis is suspected, administer adrenaline without delay.
- Treat the pupil where they are. Lie them down with their legs raised and bring medication to them.
- Use the pupil's own prescribed medication if immediately available.
- The pupil can administer the adrenaline pen themselves (if able to) or a member of staff can do this. Ideally the member of staff will be trained, but in an emergency, anyone can administer adrenaline.
- If the pupil's own adrenaline pen is not available or misfires, then use a spare adrenaline pen.
- If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline pen or Allergy Action Plan, lie the pupil down with their legs raised, call 999 and explain anaphylaxis is suspected. Inform the operator that spare adrenaline pens are available and follow instructions from the operator. The MHRA says that in exceptional circumstances, a spare adrenaline pen can be administered to anyone for the purposes of saving their life.
- If, after five minutes, there is no improvement, use a second adrenaline pen and call the emergency services again and inform them that a second dose of adrenaline has been given.
- Do not move the pupil until a medical professional or paramedic has arrived, even if they are feeling better.
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany them in an ambulance until a parent or guardian arrives.

14.2 Appendices A and B contain further information on recognising and responding to an allergic reaction.

15 Training

15.1 The federation is committed to training all staff annually to give them a good understanding of allergy. This includes:

- understanding what an allergy is

- how to reduce the risk of an allergic reaction occurring
- how to recognise and treat an allergic reaction, including anaphylaxis
- how the school manages allergy, for example Emergency Response Plan, documentation, communication etc.
- where adrenaline pens are kept (both prescribed pens and spare pens) and how to access them
- the importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy-related bullying
- understanding food labelling
- taking part in an anaphylaxis drill

15.2 Each school will carry out an anaphylaxis drill once a year, an exercise simulating an event where a pupil or member of staff has an allergic reaction and testing the whole school response.

16 Asthma

16.1 It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions.

17 Reporting allergic reactions

17.1 The federation will record all allergic reaction incidents and near-misses.

Appendix A: Managing allergic reactions

ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.

You cannot assume someone will react the same way twice, even to the same allergen.

Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Hives or itchy rash on skin
- Abdominal pain
- Vomiting
- Change in behaviour

Response:

- Stay with pupil
- Call for help
- Locate adrenaline pens
- Give antihistamine
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the pupil

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called **ANAPHYLAXIS**. Anaphylaxis is uncommon, and children experiencing it almost always fully recover.

In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later.

People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

Appendix B: Responding to anaphylaxis

SYMPTOMS OF ANAPHYLAXIS

A – Airway

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

B – Breathing

- Difficult or noisy breathing
- Wheeze or cough

C - Circulation

- Persistent dizziness
- Pale or floppy
- Sleepy
- Collapse or unconscious

IF YOU SUSPECT ANAPHYLAXIS, GIVE ADRENALINE FIRST BEFORE YOU DO ANYTHING ELSE.

DELIVERING ADRENALINE

1. Take the medication to the patient, rather than moving them.
2. The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
3. It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
4. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
5. Make a note of the time you gave the first dose and call 999 (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
6. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
7. Call the pupil's emergency contact.
8. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
9. Start CPR if necessary.
10. Hand over used devices to paramedics and remember to get replacements.

For more information see the Government's Guidance for the use of adrenaline auto-injectors in schools.