Farsley Farfield Primary School
Allergy & Anaphylaxis Policy

Date: September 2026
Review date: September 2029

Aim

To minimise the risk of any pupil suffering a severe allergic reaction whilst at school or attending any school-related activity. To ensure staff are properly prepared to recognise and manage severe allergic reactions should they arise.

Links with other policies

First aid and medications policy
Supporting pupils with medical needs policy

Helen Smith (deputy headteacher) will be responsible for co-ordinating staff anaphylaxis training and overseeing the upkeep of the school's anaphylaxis policy.

Introduction

An allergy is a reaction by 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 severe reaction called anaphylaxis.

Anaphylaxis is a severe systemic 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 often include foods, insect stings, or drugs.

Definition: *Anaphylaxis is a severe life-threatening generalised or systemic hypersensitivity reaction.*

This is characterised by rapidly developing life-threatening airway/breathing / circulatory problems usually associated with skin or mucosal changes. 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 Farsley Farfield 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 school staff of any allergies. This information should include all previous severe allergic reactions, history of anaphylaxis and details of all prescribed medication
- Parents are to supply a copy of their child's Allergy Action Plan 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)
- 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 be kept updated accordingly

Staff Responsibilities

- All staff will complete anaphylaxis training. Refresher 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, carry their medication. Any children who require EpiPens or equivalent will not be able to leave the premises without having their emergency medication available.
- Admin staff 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, Admin staff will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- Admin staff keep a register of pupils who have been prescribed an AAI and upload a record of use of any AAI(s) and emergency treatment given to CPOMS.

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.

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

Emergency Treatment and Management of Anaphylaxis

What to look for:

- swelling of the mouth or throat
- difficulty swallowing or speaking
- difficulty breathing
- sudden collapse/unconsciousness
- hives, rash anywhere on the body
- abdominal pain, nausea, vomiting
- sudden feeling of weakness
- strong feelings of impending doom

Anaphylaxis is likely if all of the following 3 things happen**:**

- **sudden onset** (a reaction can start within minutes) and **rapid progression of symptoms**
- **life-threatening airway and/or breathing difficulties** and/or **circulation problems** (e.g. alteration in heart rate, sudden drop in blood pressure, feeling of weakness)
- **changes to the skin** e.g. flushing, urticaria (an itchy, red, swollen skin eruption showing markings like nettle rash or hives), angioedema (swelling or puffing of the deeper layers of skin and/or soft tissues, often lips, mouth, face etc.) Note: skin changes on their own are not a sign of an anaphylactic reaction, and in some cases don't occur at all

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. Adrenaline should be administered by an **injection into the muscle** (intramuscular injection)

What does adrenaline do?

- Opens up the airways
- Stops swelling
- Raises the blood pressure

Adrenaline must be administered with the **minimum of delay** as it is more effective in preventing an allergic reaction from progressing to anaphylaxis than in reversing it once the symptoms have become severe.

ACTION:

- Stay with the child and call for help. **DO NOT MOVE CHILD OR LEAVE UNATTENDED**
- Remove trigger if possible (e.g. Insect stinger)
- Lie the child flat (with or without legs elevated) – a sitting position may make breathing easier
- **USE ADRENALINE WITHOUT DELAY** and note time given (inject at upper, outer thigh - through clothing if necessary)
- CALL **999** and state **ANAPHYLAXIS**
- If no improvement after 5 minutes, administer second adrenaline auto-injector in the other thigh
- If no signs of life, commence CPR
- Contact parent/carer as soon as possible

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

Supply, storage and care of medication

Some older KS2 pupils may be able to take responsibility for and to carry their own two adrenaline injectors on them at all times (in a suitable bag/container).

For younger children or those assessed as 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.**

Medication should be stored in a rigid box and clearly labelled with the pupil's name and a photograph.

The pupil's medication storage box should contain:

- adrenaline injectors i.e. EpiPen® or Jext® or Emerade® (two of the same type being prescribed)
- an up-to-date allergy action plan
- antihistamine as tablets or syrup (if included on plan)
- spoon if required
- asthma inhaler (if included on plan).

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

Storage
Store AAIs at room temperature, protected from direct sunlight and temperature extremes.

Disposal
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, if available.

Spare adrenaline auto injectors in school

Farsley Farfield Primary School has purchased spare **adrenaline auto-injector (AAI) devices for emergency use in children who are risk of anaphylaxis,** but their own devices are not available or not working (e.g. because they are out of date).

These are stored in both offices, clearly labelled 'Emergency AAI and **accessible and known to all staff.**

Farsley Farfield School holds 4 spare pens which are kept in the following location/s: -

2 x AAI devices in the Infant office on a shelf in the tall cupboard
2 x AAI devices in the KS2 office on a high shelf above the senior admin workstation

Admin staff are responsible for checking that the schools emergency medication is in date on a monthly basis and to arrange replacements as needed.

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 another AAI is appropriate.

Staff Training

The Senior Leadership Team are responsible for co-ordinating all staff anaphylaxis training and the upkeep of the school's anaphylaxis policy.

All staff will complete online anaphylaxis awareness 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 e.g. allergen avoidance Knowing who is responsible for what
- Associated conditions e.g. asthma
- Managing allergy action plans and ensuring these are up to date

A practical session using trainer devices can be arranged with Rachel Hawkhead or Bex Myers for any staff who may want this.

Inclusion and safeguarding

Farsley Farfield Primary 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.

Admin staff will inform catering staff of pupils with food allergies. This will include a copy of the allergy plan and photograph of the child.

Parents/carers are able to meet with the Cook in Charge to discuss their child's needs on request.

The school adheres to the following Department of Health guidance recommendations:

- 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 and careful cleaning (using warm soapy water) of food preparation areas and utensils
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats)
- Foods containing nuts are not permitted to be brought into school.
- 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

Trip leaders will check that medication for all pupils with medical conditions, including allergies, are taken on any trips. Pupils without their required medication will not be able to attend the visit.

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 may 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 to let them know an allergic child is attending and will need appropriate food (if provided by the venue).

Allergy awareness

Farsley Farfield staff, pupils and wider community will be allergy-aware through educational messages and awareness raising. Whilst we do try to run a 'nut-free' school, we typically try to ensure that teachers, pupils and all other staff 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. Even though we are a 'nut-free' school in terms of food, there are tree nuts on site and we will ensure that children and staff are aware of the risks and management of this. This resource will be shared annually with children.

Useful Links

Anaphylaxis Campaign- https://www.anaphylaxis.org.uk

- AllergyWise training for schools - https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-schools/

- AllergyWise training for Healthcare Professionals https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-healthcare-professionals/

Allergy UK - https://www.allergyuk.org

- Whole school allergy and awareness management (Allergy UK) https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement

Spare Pens in Schools - http://www.sparepensinschools.uk

Official guidance relating to supporting pupils with medical needs in schools: http://medicalconditionsatschool.org.uk/documents/Legal-Situation-in-Schools.pdf

Education for Health http://www.educationforhealth.org

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

Guidance on the use of adrenaline auto-injectors in schools (Department of Health, 2017) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf